

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13789

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 2296 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO, b. COUNTY JEFF	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN DE SOTO RURAL (VALLE) 18 YRS		c. CITY OR TOWN DE SOTO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RT.#1, S.E. OF DE SOTO 1 MILE		e. STREET ADDRESS (If rural, give location) RT.#1, 1 M; SE. OF DE SOTO	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) JEFFERSON c. (Last) WILKINSON			4. DATE OF DEATH (Month) (Day) (Year) APR. 9, 1956			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 6, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) MADISON Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A. C. WILKINSON		13b. MOTHER'S MAIDEN NAME NANCY HELTIBRAND		14. NAME OF HUSBAND OR WIFE LIZZIE WILKINSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. H95-30-1600		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LIZZIE WILKINSON De Soto RT.#1	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUE TO (b) Arteriosclerosis, Hypertension		4-5-1956	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		4-9-1956	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1955, to 4-9, 1956, that I last saw the deceased alive on 4-9, 1956 and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE G. E. Parris		(Degree or title) DOT De Soto Mo		23b. ADDRESS		23c. DATE SIGNED 4-11-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 11, 1956		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK		24d. LOCATION (City, town, or county) (State) De Soto Mo.	
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DATE REC'D BY LOCAL REG. 4-18-56		REGISTRAR'S SIGNATURE Marie Ferris		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donnell B. Stielich*

Licensed Embalmer No. *4104*

P. O. Address *Debita*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.