

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 28 1950

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY - <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>	
c. LENGTH OF STAY (in this place) <u>8 YRS.</u>		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. MARION ST.</u>		d. STREET ADDRESS (If rural, give location) <u>W. MARION ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RYLAND</u> c. (Last) <u>WILKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 17, 1950.</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 6, 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VETERINARIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL PRACTISE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>ROSS WILKERSON</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE TALLEY</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL WILKERSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. R. WILKERSON JEFFERSON CITY, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 MIN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>		
	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	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 Sept 17, 1950 to Sept 18, 1950, that I last saw the deceased alive on Sept 17, 1950, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. R. Wilkerson, M.D.</u>	23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>9-18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>PARIS, MISSOURI.</u>
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DATE REC'D BY LOCAL REG. <u>9-18-50.</u>	REGISTRAR'S SIGNATURE <u>F. A. Barnett, M.D.</u>	435	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Blakey, PARIS, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: **SEP 25 1950**
DISTRICT HEALTH OFFICE #2
District File Number *9-50-157*
Date Filed: **SEP 27 1950**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. Blakely* _____

Licensed Embalmer No. *261E* _____

P. O. Address *PARIS, MO.* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.