

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24073

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>107</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		<u>1851</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeWitt Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Walter Wood</u> b. (Middle) <u>Wilkerson</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 24, 1882</u>			
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR <u>2</u> MONTHS <u>11</u> DAYS _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>					
13a. FATHER'S NAME <u>Dave Wilkerson</u>				13b. MOTHER'S MAIDEN NAME <u>Amanda Wilkerson (Hensley)</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Jane (Routh)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clara J. Wilkerson</u>			
				ADDRESS <u>Waynesville, Mo.</u>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral emboli</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (Minute) _____		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 <u>Jan</u> , 19 <u>48</u> , to <u>July 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-5</u> , 19 <u>51</u> , and that death occurred at <u>2:56 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Eugene Seichon</u>				23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>7-16-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-16-51</u>		REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter R. Rogers</u>		ADDRESS <u>Iberia, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-16-51
Pulaski County Health Officer
File Number
Date Filed 7-21-51

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

Walter P. Hedger

Licensed Embalmer No.

4265

P. O. Address

St. Louis, 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.