

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 115

43
2

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

| | | | |
|------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hutton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Millersburg</u> | |
| c. LENGTH OF STAY (In this place) <u>904</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u> | | | |

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|-------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>WILKERSON</u> c. (Last) <u>WILKERSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1952</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u> | 8. DATE OF BIRTH <u>Oct 28 1888</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (State or foreign country) <u>Centerville Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |

| | | | | | |
|-----------------------------------------------------------------------------|--|-----------------------------------------------|--|----------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>J. B. Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Coors</u> | | 14. NAME OF HUSBAND OR WIFE <u>P. C. Wilkerson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u> | | 16. SOCIAL SECURITY NO. <u>dk</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>State Hos Records Hutton 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ch. myocarditis</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| 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) m. | | 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 3-30, 1952 to 4-2, 1952, that I last saw the deceased alive on 4-2, 1952 and that death occurred at 4:59 m., from the causes and on the date stated above.

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|----------------------------------------------------------|-----------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Ralph Banks M.D.</u> | | 23b. ADDRESS <u>State Hos Hutton Mo</u> | | 23c. DATE SIGNED <u>4-2-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr-6-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Millersburg Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Millersburg Mo</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace General Home, Hutton, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>April 2-1952</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | | 426.0 | |

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 William C. Trehse

Licensed Embalmer No. 4870

P. O. Address Culton 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.