

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35468

State File No.

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 57

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY DEKALB	a. STATE Missouri		b. COUNTY Dekalb
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star	c. LENGTH OF STAY (In this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star <u>0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) CAROLINE	a. (First)	b. (Middle)	c. (Last) WILKERSON	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1953
---	------------	-------------	----------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 20, 1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------------------	---	---	---	--	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Marion Co., Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	--

13a. FATHER'S NAME Abraham Kelly	13b. MOTHER'S MAIDEN NAME Mary Ann Eicholbarger	14. NAME OF HUSBAND OR WIFE Thomas Wilkerson
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Lloyd Wilkerson	ADDRESS Union Star, MO.
--	---	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Heart Lesion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Disfluenza 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 481X	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) (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 Oct 20, 1953 to Oct 25, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 4A m., from the causes and on the date stated above.

23a. SIGNATURE E. M. Reynolds MD.	(Degree or title)	23b. ADDRESS Union Star, Mo.	23c. DATE SIGNED Oct 26 53
--	-------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 27, 53	24c. NAME OF CEMETERY OR CREMATORY Savannah	24d. LOCATION (City, town, or county) (State) Savannah, Missouri
---	--	--	---

DATE REC'D BY LOCAL REG. 11-4-53	REGISTRAR'S SIGNATURE Roscoe Davidson	25. FUNERAL DIRECTOR'S SIGNATURE Roland B. Clark	ADDRESS King City, Mo.
---	--	---	---

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

0.300
0.48

20

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

Roland D. Clark

Licensed Embalmer No.

4477

P. O. Address

King City, 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.