

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42233**
Registrar's No. **56**

FILED DEC 31 1953

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **535**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Ash Hill Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk | |
| c. LENGTH OF STAY (in this place) 1 week | | d. STREET ADDRESS (If rural, give location) Rte. 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Louis Wilkerson | | | |

| | | | | | |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ALBERT c. (Last) WILKERSON | | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 20, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 16, 1873 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 8 Days 4 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

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|-----------------------------------|--|--|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE --- |
|-----------------------------------|--|--|

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|--|--|--|---------------------|
| 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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Louis Wilkerson, Gulin, Mo. | ADDRESS R. 2 |
|--|--|--|---------------------|

| | | | | |
|--|--|---|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema | | INTERVAL BETWEEN ONSET AND DEATH 1 wks |
| * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Dis. | | |
| | | DUE TO (c) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | Several yrs. |

| | | |
|------------------------|----------------------------------|--|
| 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) (Min.) | 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 **July**, 19**50**, to **Dec**, 19**53**, that I last saw the deceased alive on **Dec 16**, 19**53**, and that death occurred at **8:40pm.**, from the causes and on the date stated above.

| | | |
|---|---------------------------------------|----------------------------------|
| 23a. SIGNATURE J. J. Briggan, M.D. (Degree or title) | 23b. ADDRESS Poslar Bluff, Mo. | 23c. DATE SIGNED 12-23-53 |
|---|---------------------------------------|----------------------------------|

| | | | |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 22, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Ash Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Fisk, Missouri |
|---|--------------------------------|---|---|

| | | | |
|--|--|---|---------|
| DATE REC'D BY LOCAL REG. 12/24/53 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo. | ADDRESS |
|--|--|---|---------|

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

RECEIVED

DEC 28 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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

Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Gm

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.