

FILED OCT 22 1954

STANDARD CERTIFICATE OF DEATH

33481

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE MO b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BENNETT		c. CITY OR TOWN CARUTH, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DUNKLIN Co. Mem. Hosp		e. STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) — c. (Last) WILKERSON			4. DATE OF DEATH (Month) (Day) (Year) OCT 1, 1954		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH JAN 25, 1870		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Premicott, CO, MO.	
13a. FATHER'S NAME Jessie Whitley		13b. MOTHER'S MAIDEN NAME Sarah Biggs		14. NAME OF HUSBAND OR WIFE Deceased.	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Willie Hemmingway, Caruth, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis and nephrosclerosis DUE TO (c) Worms		
	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) 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 **Sept 24, 1954**, to **Oct 1, 1954**, that I last saw the deceased alive on **Oct 1, 1954**, and that death occurred at **4 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Lucas B. ...	(Degree or title)	23b. ADDRESS Caruth, Mo	23c. DATE SIGNED 10/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct 3, 54	24c. NAME OF CEMETERY OR CREMATORY Dak Ridge	24d. LOCATION (City, town, or county) (State) Caruth, Mo
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DATE REC'D BY LOCAL REG. 10-13-1954	REGISTRAR'S SIGNATURE Carl ...	70	25. FUNERAL DIRECTOR'S SIGNATURE Howard ...	ADDRESS Home ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-21-

COUNTY FILE NUMBER 1057

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.....
Signature of Student Embalmer

Signed.....
Edwin Harmon

Licensed Embalmer No. 48

P. O. Address *Leadb...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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