

FILED JAN 5 1955

STANDARD CERTIFICATE OF DEATH

40286

State File No.

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

0130

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Grant Twn.</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>O.</u>	
c. (Last) <u>Wilkerson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1954</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>Oct. 7, 1882</u>
9. AGE (in years last birthday) <u>72 yrs.</u>		10. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Cowgill, Mo.</u>	
13a. FATHER'S NAME <u>James Wilkerson</u>		13b. MOTHER'S MAIDEN NAME <u>Julia A. McDowell</u>	
13c. NAME OF HUSBAND OR WIFE <u>Laura V. Wilkerson</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>411-01-8682</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Wilkerson</u>		ADDRESS <u>Braymer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> 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 <u>4201</u>	
19c. 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)		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>July</u> , 19 <u>47</u> , to <u>Dec. 30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec. 29</u> , 19 <u>54</u> , and that death occurred at <u>12:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Goldberg M.D.</u>		23b. ADDRESS <u>Braymer, Mo</u>	
23c. DATE SIGNED <u>12-30-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-1-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Braymer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-1-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Annel Zwiggart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>B.F.M.</u>		ADDRESS <u>Braymer, Mo</u>	

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

Bernard J. Mead

Licensed Embalmer No. 2801

P. O. Address. Braymer, Missouri

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.