

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43105

State File No.

BIRTH NO. 67008-54 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 181

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| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston,</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston,</u> | | 1003 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 Westgate St.</u> | | d. STREET ADDRESS (If rural, give location) <u>208 Westgate Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Darrell</u> | | | b. (Middle) <u>XXXXXXXX</u> | | | c. (Last) <u>Wilkerson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1954</u> | | |
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| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | | 8. DATE OF BIRTH <u>September 10, 1954</u> | | 9. AGE (In years last birthday) <u>0</u> | | IF UNDER 1 YEAR Months <u>2</u> | | IF UNDER 1 YEAR Days <u>21</u> | | IF UNDER 1 YEAR Hours <u></u> | | IF UNDER 1 YEAR Min. <u></u> | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | | | 11. BIRTHPLACE (State or foreign country) <u>Mo. Delta Community Hospital</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
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| 13a. FATHER'S NAME <u>Leevory Sanders</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Dortha Wilkerson</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
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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) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>None</u> | | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Dortha Wilkerson</u> | | | | ADDRESS <u>208 Westgate St.</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>Probable Bronchopneumonia</u> 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. | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> | |
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| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION <u>491X</u> | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | |
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| 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? | | | |
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22. I hereby certify that I attended the deceased from Found dead in bed, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Shelvia C. Buckner, M.D. Health Officer</u> | | | | 23b. ADDRESS <u>Benton, Mo.</u> | | | | 23c. DATE SIGNED <u>12-2-54</u> | | | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-3-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Smith Westgate Court</u> | | | | 24d. LOCATION (City, town, or county) (State) <u>West of Sikeston, Mo.</u> | | | |
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| DATE REC'D BY LOCAL REG. <u>12-8-54</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u> | | | | ADDRESS <u>1212 Mand St.</u> | | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

206

DATE RECEIVED DEC 13 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1254-258

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 Fred J. Smith

Licensed Embalmer No. 4428

P. O. Address Sikeston, 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.