

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7877

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Greene <u>0270</u>	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN 2nd N. Campbell Rural Twsp.	
c. LENGTH OF STAY (In this place) 14 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital		f. STREET ADDRESS (If rural, give location) Springfield R.F.D. 3 6	
3. NAME OF DECEASED (Type or Print) a. (First) VELMA b. (Middle) CATHERINE c. (Last) WILKERSON		4. DATE OF DEATH (Month) (Day) (Year) April 7, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 20 June 1899
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____	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 Home	11. BIRTHPLACE (City and State or Foreign Country) Clever, Missouri <u>0</u>
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clifford B. Martin	
13b. MOTHER'S MAIDEN NAME Anna Ward		14. NAME OF HUSBAND OR WIFE Clyde Everett Wilkerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. ----	
17. INFORMANT'S SIGNATURE OR NAME C.E. Wilkerson, Rt. 6, Springfield, Mo.		ADDRESS	
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) Acute coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Decompensating heart 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 4/20	
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 <u>3-19</u> , 19 <u>55</u> , to <u>4-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-7-55</u> , 19 <u>55</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE E. Feller (Degree or title) M.D.		23b. ADDRESS 609 Cherry, Springfield, Mo.	
23c. DATE SIGNED 4-9-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10 April 1955	
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
25. DATE REC'D BY LOCAL REG. 4-8-55		25. REGISTRAR'S SIGNATURE Earl Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Thorne		ADDRESS Springfield, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1955

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 *Rephel H. ...*.....
Springfield,
Licensed Embalmer No. MISSOURI

P. O. Address.....

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.