

BIRTH NO.		REG. DIST. NO. <u>45</u>		PRIMARY REG. DIST. NO. <u>4113</u>		Registrar's No. <u>17</u>					
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>							
b. CITY (If within corporate limits, write RURAL and give township) <u>Brunswick</u>		c. LENGTH OF TOWN (In this place) <u>1 1/2 yrs.</u>		c. CITY OR TOWN <u>Brunswick</u>		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				No. STREET ADDRESS (If rural, give location) <u>0210</u>							
3. NAME OF DECEASED (Type or Print) <u>LEONARD STROTHER WILKERSON</u>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1955</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Aug. 2 1894</u>		9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Boonboro Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13. FATHER'S NAME <u>Anthony Wilkerson</u>			13. MOTHER'S MAIDEN NAME <u>Luzerna Rivett</u>			14. NAME OF HUSBAND OR WIFE <u>Athelene Finley Wilkerson</u>					
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>488-36-5257</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leonard Wilkerson</u>				ADDRESS <u>Brunswick</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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>			
*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) _____ DUE TO (c) _____							
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>						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>5/22, 1954</u> , to <u>5/14, 1955</u> , that I last saw the deceased alive on <u>5/12, 1955</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>H. H. Stuard M.D.</u>					23b. ADDRESS <u>Brunswick</u>			23c. DATE SIGNED <u>5/17/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 17 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boonboro</u>		24d. LOCATION (City, town, or county) (State) <u>Boonboro Mo.</u>					
DATE REC'D BY LOCAL REG. <u>May 17 - 55</u>		REGISTRAR'S SIGNATURE <u>Mildred Boon</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Madley, Fremont Glasgow, Mo.</u>						

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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 *W. Triemont*.....

Licensed Embalmer No. 39.....

P. O. Address *Glasgow*.....

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.