

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5866 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Myrtle</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Myrtle</b> <span style="float: right;">0750</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lula</b> b. (Middle) <b>C.</b> c. (Last) <b>Wilkerson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 14, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-28-1881</b>
9. AGE (In years last birthday) <b>73</b>		10. UNDER 1 YEAR Months <b>6</b>	11. UNDER 24 HRS. Hours <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Randolph County Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Daniel Morgan</b>		13b. MOTHER'S MAIDEN NAME <b>Love</b>	
14. NAME OF HUSBAND OR WIFE <b>Oliver C. Wilkerson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Oliver C. Wilkerson</b>	
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) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4443-1X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>	
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>June</u> , 1954, to <u>April 14, 1955</u> , that I last saw the deceased alive on <u>April 14, 1955</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Dr. Cooper</i>		23b. ADDRESS <i>Shrew</i>	
23c. DATE SIGNED <b>5-11-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4-17-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Myrtle Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Myrtle Oregon Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur Wolf</i>	
DATE RECD BY LOCAL REG. <b>5-11-55</b>		REGISTRAR'S SIGNATURE <i>Arthur Wolf</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>John W.</i>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 45-16

P. O. Address Rayn me

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.