

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34285

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 280	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (If in this place) Life		c. CITY OR TOWN Hughesville		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 Bothwell Hospital				STREET ADDRESS (If rural, give location) Rural Route #1			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Rappeen c. (Last) Wilkerson				4. DATE OF DEATH (Month) (Day) (Year) Oct 30 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov 20 1873	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Sedalia Mo	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Burrell G. Wilkerson		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Doolittle		14. NAME OF HUSBAND OR WIFE Susan Wilkerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jas. McNeil		ADDRESS Sedalia	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Septic ulcer on nose (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric + Intestinal haemorrhage DUE TO (c) Arterio-sclerosis atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Interval BETWEEN ONSET AND DEATH 2 yrs 3 days							
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5400	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) X		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from March 54 to Oct 30, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 8:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Beckenbach		(Degree or title)		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 10/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Nov 1 - 1955		24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. 11-1-55		REGISTRAR'S SIGNATURE Lavina Corns, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 5 1964

VS JAN 5

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.....
Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.