

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43121

State File No. _____

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6086 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salt Fork Twp.</u>		c. CITY OR TOWN <u>Salt Fork Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>37</u> years			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles S.E. Marshall</u>		e. STREET ADDRESS (If rural, give location) <u>7 miles S.E. Marshall</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jessie</u>	b. (Middle) <u>Beazley</u>	c. (Last) <u>Wilkerson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18th, 1955.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 9th, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>II</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert E. Beazley</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Fenwick</u>	14. NAME OF HUSBAND OR WIFE <u>Lloyd A. Wilkerson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd A. Wilkerson, Marshall, Mo. R.# I</u>	ADDRESS <u></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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident recurrent</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease.</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4221</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1 Dec, 1955, to 18 Dec, 1955, that I last saw the deceased alive on 16 Dec, 1955 and that death occurred at 5-25P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph H. Jones MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>12-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec, 19-55</u>	REGISTRAR'S SIGNATURE <u>Cecil A. Reed</u>	385- DEPUTY REGISTRAR'S SIGNATURE <u>Reputy C. Campbell-Lewis</u>	FUNERAL DIRECTOR'S SIGNATURE <u></u>	ADDRESS <u>Marshall, Mo.</u>
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(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~~, Student Embalmer No.
working under my personal supervision..

Student,
Signature of Student Embalmer

Signed *James H. Lewis, Jr.*,
Licensed Embalmer No. *470*

P. O. Address *Marshall*

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.