

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025997  
STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 345

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b> <span style="float: right;">04950</span>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns</b>		d. STREET ADDRESS (If outside, give location) <b>3007 E. 8th Street</b>	
Length of stay in lb <b>50 Years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Charles</b> Last <b>WILKERSON</b>			4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April; 19, 1879</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b>14</b> Min. <b>2</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gasoline</b>	11. BIRTHPLACE (City and state or country) <b>, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benjamin Wilkerson</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-36-2919</b>	17. INFORMANT <b>Mrs Hattie Wilkerson</b>	Address <b>3007 E. 8th St.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction Acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Joplin MO</b>	COUNTY _____ STATE _____
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21. I attended the deceased from <b>7-7-58</b> to <b>7-7-58</b> and last saw her alive on <b>7-7-58</b> Death occurred at <b>12:46</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>V. Schoberl MD</b>	(Degree or title)	22b. ADDRESS <b>Joplin MO</b>	22c. DATE SIGNED <b>7-9-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Thornhill-Dillon</b>	ADDRESS <b>Joplin, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>7-15-1958</b>	26. REGISTRAR'S SIGNATURE <b>Noel Merriam</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. B. SCHOEGERL, M.D.  
All diseases in Part I must be causally related.

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 *David Dillon* .....

Licensed Embalmer No. *3898* .....

P. O. Address *Joplin, Mo* .....

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.