SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-008059
STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 36

FILED MAR 29 1961

1. PLACE OF DEATH
a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty
Length of stay in 1b years

c. CITY OR TOWN Liberty
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 507 North Grover
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 507 N. Grover
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Clinton Last Wilkerson

4. DATE OF DEATH Month March Day 20, Year 1961

5. SEX male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8-4-76

9. AGE (last birthday) 84

IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired janitor

10b. KIND OF BUSINESS OR INDUSTRY First National Bank

11. BIRTHPLACE (City and state or country) Liberty, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Webster Wilkerson

13b. MOTHER'S MAIDEN NAME Edith Beechman

14. NAME OF HUSBAND OR WIFE Carrie Wilkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Beatrice Stewart Address Liberty, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Prostatic obstruction — 4 weeks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-16-60, to 3-20-61 and last saw ~~him~~ him alive on March 20, 1961

Death occurred at 6:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn W. Hardesen (Degree or title) M.D.

22b. ADDRESS 114 North Water Street, Liberty, Mo.

22c. DATE SIGNED 3-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 3-23-61

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

23d. LOCATION (City, town, or county) Liberty, Missouri (State)

24. FUNERAL DIRECTOR Pasley Funeral Home ADDRESS Liberty, Mo.

25. DATE RECD. BY LOCAL REG. 3-25-61

26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

APR 21 1961

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 John Pearley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.