

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041615

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 8

STATE FILE NUMBER

FILED NOV 27 1961

|   |  |                               |  |   |  |   |  |   |  |   |  |
|---|--|-------------------------------|--|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u> Length of stay in 1b <u>years</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u><br>c. CITY OR TOWN <u>Aurora</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <u>200 W. Church College</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |   |  |   |  |   |  |
| 3. NAME OF DECEASED (Type or print) First <u>EFFIE</u> Middle <u>MELVINA</u> Last <u>WILKERSON</u>  |  |                               |  | 4. DATE OF DEATH Month <u>November</u> Day <u>14</u> Year <u>1961</u>   |  |   |  |   |  |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u> |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  |  | 8. DATE OF BIRTH <u>3/8/90</u>                                  |  | 9. AGE (last birthday) <u>71</u>                  |  | 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) <u>Housewife</u>  |  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>   |  | 11. BIRTHPLACE (City and state or country) <u>Dade Co., Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>            |  |   |  |
| 13a. FATHER'S NAME <u>Henry McMillin</u>  |  |                               |  | 13b. MOTHER'S MAIDEN NAME <u>Anne Patterson</u>   |  |   |  | 14. NAME OF HUSBAND OR WIFE <u>W.G. Wilkerson</u> |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  |                               |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT Address <u>W.G. Wilkerson; Aurora, Mo.</u>        |  |   |  |   |  |

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 11-8-61 to 11-14-61

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fecal Fistula & Abscess 11-6-61 to 11-14-61

Small Intestine Obstruction & Surgical Repair 10-31-61

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 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.) |  |   |  |  |                                  |  |  |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  |  |   |  |  |  |   |  |  |                                  |  |  |
| 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 COUNTY STATE                        |                                  |  |  |
| 21. I attended the deceased from <u>10-31-61</u> to <u>11-14-61</u> and last saw her <u>alive</u> on <u>11-14-61</u><br>Death occurred at <u>12:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |   |  |  |                                  |  |  |
| 22a. SIGNATURE (Degree or title) <u>Emellum M.D.</u>   |  |   |  |  |  | 22b. ADDRESS <u>200 S. Elliott Aurora</u> |  |  | 22c. DATE SIGNED <u>11-15-61</u> |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 23b. DATE <u>11/16/61</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>                                |  |   |  | 23d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u> |                                  |  |  |
| 24. FUNERAL DIRECTOR ADDRESS <u>Arnold's Funeral Home; Aurora, Mo.</u>   |  |   |  |  | 25. DATE RECD. BY LOCAL REG. <u>11/15/61</u> |   |  | 26. REGISTRAR'S SIGNATURE <u>Georgell Langley</u>                |                                  |  |  |

(Licensed Embelmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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

*Irvin R. Arnold*

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.