

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043509

STATE FILE NUMBER

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 292

FILED JAN 11 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mexico City Jail			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 517 East Park		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First John Middle Henry Last Wilkerson				4. DATE OF DEATH Month Dec Day 31 Year 1961									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-22-1920		9. AGE (last birthday) 41		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Mexico Refractories Co.				10b. KIND OF BUSINESS OR INDUSTRY Audrain Co., Mo.				11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John L. Wilkerson				13b. MOTHER'S MAIDEN NAME Gladys E. Harris				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO						17. INFORMANT Address J. L. Wilkerson, Mexico, 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) A spination of vomitus while having Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) epileptic seizure under influence of DUE TO (c) A lethal (injected)										INTERVAL BETWEEN ONSET AND DEATH between 1 min epileptic for years hours			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 _____ to Dec 31, 1961 and last saw her alive on _____ Death occurred at 3:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) William W. Bradley M.D. Coroner						22b. ADDRESS P.O. Box 178, Farker, Mo			22c. DATE SIGNED 12-31-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-62		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetary			23d. LOCATION (City, town, or county) Mexico, Mo.			(State)			
24. FUNERAL DIRECTOR Arnold Funearal Home				ADDRESS Mexico		25. DATE RECD. BY LOCAL REG. 1-2-1962		26. REGISTRAR'S SIGNATURE Blanche Neely					

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

Richard Y. Medina

Licensed Embalmer No. 4825

P. O. Address Meriden

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.