

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005857

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 45

AMENDED

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek Twp.</u>		Length of stay in 1b <u>Sudden</u>		c. CITY OR TOWN <u>Carthage</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. 71 Bypass. At Cass, Jackson Co. Line</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>724 W. Vine</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>WAYNE JAMES WILKERSON</u>			4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>9/1/1938</u>	9. AGE (last birthday) <u>23</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and state or country) <u>Bentonville, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Wilkerson</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Roussow</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyetta Wilkerson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Mrs. Rosie Daron Carthage, 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) <u>Cerebral Trauma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Truck Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
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 checked="" 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 <u>7:45 p.m.</u>		Month, Day, Year <u>3-5-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>On 71 Bypass 6 1/2 mi South of Lee Summit Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Carthage</u>	
20g. COUNTY <u>Jasper</u>		20h. STATE <u>Mo</u>			
21. I attended the deceased from _____ to _____ and last saw him/her <u>Dead</u> Death occurred at <u>7:45 P.M. on 71 Bypass</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Glenn Cummins</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>Harmonville Mo</u>		22c. DATE SIGNED <u>3-5-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3/6/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>
24. FUNERAL DIRECTOR <u>Brownfield-Stanley</u> ADDRESS <u>Pleasant Hill, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-6-62</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ray Sebae</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 14 1962

MAR 16 1962

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 Raymond Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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.