

MISSOURI 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

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

Middle

Last

James

Clinton

Wilkerson

4. DATE OF DEATH

Month

Day

Year

March

20, 1961

5. SEX

male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-4-26

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 INDUSTRY

First National

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) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

495-10-3093

17. INFORMANT

Address

Beatrice Stewart 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

DUE TO (b)

Prostatic obstruction

4 weeks

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

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☐ Unknown19. 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, Year20d. 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 alive on March 20, 1961

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

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

114 North Water Street, Liberty, Mo. 3-22-61

22c. DATE SIGNED

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

ADDRESS

Pasley Funeral Home Liberty, Mo.

25. DATE RECD. BY LOCAL REG.

3-25-61

26. REGISTRAR'S SIGNATURE

Mabel Trahan

(Licensed Embalmer's Statement on Reverse Side)

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 Parley

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.