

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44907**
Registrar's No. **157**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **157**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri - b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage P. R. 55	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Hospital		d. STREET ADDRESS (If rural, give location) Phen Mo. 50	
3. NAME OF DECEASED (Type or Print) a. (First) Duke b. (Middle) _____ c. (Last) Wilkerson		4. DATE OF DEATH (Month) (Day) (Year) 12-29-1949	
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-21-1931
9. AGE (In years last birthday) 18		10. IF UNDER 1 YEAR Months 9 Days 8 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY laborer	
11. BIRTHPLACE (State or foreign country) Lawrence Co. Mo.		12. CITIZEN OF WHAT COUNTRY? Mo.	
13a. FATHER'S NAME Cecil Wilkerson		13b. MOTHER'S MAIDEN NAME Neva Bullard	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Cecil Wilkerson ADDRESS Carthage Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage + Contusion INTERVAL BETWEEN ONSET AND DEATH 13 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. #	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 28 1949 1:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Automobile wreck 116 ROR			
22. I hereby certify that I attended the deceased from Dec 28, 1949 , to Dec 29, 1949 , that I last saw the deceased alive on Dec 29, 1949 , and that death occurred at 5:27 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. Ooster (Degree or title) W.D.		23b. ADDRESS Carthage Mo	
23c. DATE SIGNED 1/3/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-31-49	
24c. NAME OF CEMETERY OR CREMATORY Habit town		24d. LOCATION (City, town, or county) (State) Habit town Mo.	
DATE REC'D BY LOCAL REG. 4/4/1950		REGISTRAR'S SIGNATURE L.B. Clinton M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Monroe Lerman		ADDRESS Miller Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-8-50
Jasper County Health Office

County File Number 50-3-286

Date Filed 4-11-50

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 _____
Student Embalmer

Signed E. P. Seaman

Licensed Embalmer No. 3297

P. O. Address Miller 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 this body is not embalmed, fact should be so stated above.