

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

379

State File No. ....

0123  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>43</u>  |  | PRIMARY REG. DIST. NO. <u>3007</u>  |  | Registrar's No. <u>68</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Roubauer, Mo.</u> b. COUNTY <u>Butler</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Poplar Bluff</u> )   |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>01</u><br>OR TOWN <u>Roubauer</u>                                       |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff, Hospital</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) _____   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)  |  | a. (First) <u>Everett</u>   |  | b. (Middle) <u>Lee</u>  |  | c. (Last) <u>Wilkerson</u>  |  |
| 4. DATE OF DEATH   |  | (Month) <u>Jan</u>  |  | (Day) <u>31</u>   |  | (Year) <u>1950</u>  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>   |  | 8. DATE OF BIRTH <u>July 27, 1913</u>   |  |
| 9. AGE (In years last birthday) <u>36</u>  |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 2 HRS. Hours _____ Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> |   |  | 11. BIRTHPLACE (State or foreign country) <u>Roubauer, Missouri</u>                 |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Frank Wilkerson</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Emma Loma Hart</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Roy Wilkerson</u> ADDRESS <u>Roubauer, Mo.</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>                             |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>                                     |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Acute nephritis</u>          |  |   |  | <u>1 month.</u>   |  |
|  |  | DUE TO (c) <u>Myocarditis, chronic</u>  |  |   |  | <u>6 yrs.</u>   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Endocarditis, chronic</u> |  |   |  | <u>2 yrs.</u>   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>4292</u>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>20 February 1948</u> to <u>31 Jan., 1950</u> , that I last saw the deceased alive on <u>31 Jan., 1950</u> , and that death occurred at <u>3:15 A. m.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE <u>J. Lester Harwell, M.D.</u> (Degree or title) <u>17</u>  |  |   |  | 23b. ADDRESS <u>Poplar Bluff, Mo.</u>   |  | 23c. DATE SIGNED <u>3 Feb. 1950</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Feb. 1, 1950</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Roubauer</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Roubauer, Missouri</u>             |  |
| DATE REC'D BY LOCAL REG. <u>Feb 10 1950</u>  |  | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WATKINS FUNERAL HOME</u> ADDRESS <u>Dexter, Mo.</u>   |  |   |  |

FEB 13 <sup>RECD</sup> 1982  
BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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 \_\_\_\_\_

*Raymond L. Duffie*

Student Embalmer No. *361*

working under my personal supervision.

Student .....

*Raymond L. Duffie*  
Student Embalmer

Signed

*Walter Marsh Watkins*

Licensed Embalmer No. *4719*

P. O. Address *Dexter 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.