

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5873

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Osceola (Rural))		c. CITY (If outside corporate limits, write RURAL and give township) Osceola (Rural)	
c. LENGTH OF STAY (If in place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles N.W. Osceola			

3. NAME OF DECEASED (Type or Print)	a. (First) Edwan	b. (Middle) Lee	c. (Last) Wilkerson	4. DATE OF DEATH (Month) (Day) (Year) 1/26/1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/1/1947	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clinton Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Evert Wilkerson	13b. MOTHER'S MAIDEN NAME Pearl Greathouse	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evert Wilkerson Osceola Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 34 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		
	ANTECEDENT CAUSES Morbidity 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. Child was never normal.			75.44

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Physically	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Specified	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-1, 1949, to 1-26, 1950**, that I last saw the deceased alive on **1-24, 1950**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE T. H. Jangler, Jr. (Degree or title) M.D.	23b. ADDRESS Osceola, Mo.	23c. DATE SIGNED 1-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/28/1950	24c. NAME OF CEMETERY OR CREMATORY Yeater	24d. LOCATION (City, town, or county) (State) Osceola Missouri
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DATE REC'D BY LOCAL OFF. Feb 17 - 1950	REGISTRAR'S SIGNATURE Yuth Seever	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 373 E. Osceola Mo
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-50-102

Date Filed 2-20-50

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 J. B. Bennett

Licensed Embalmer No. 3038

P. O. Address Osceola 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.