

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1950

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 319	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cudran			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (If applicable) 15 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		0042	
d. FULL NAME OF HOSPITAL OR INSTITUTION on way to hospital				d. STREET ADDRESS (If rural, give location) 326 Trinity St.			
3. NAME OF DECEASED (Type or Print) PEARL		a. (First)		b. (Middle)		c. (Last) WILKERSON	
4. DATE OF DEATH Dec. 11th 1950		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 27 - 1921	
9. AGE (In years last birthday) 29		If UNDER 1 YEAR Months		If UNDER 1 YEAR Days		If UNDER 1 MRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer		10b. KIND OF BUSINESS OR INDUSTRY Brick Co.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Pearl Wilkerson		13b. MOTHER'S MAIDEN NAME Josie Harris		14. NAME OF HUSBAND OR WIFE Goldelia Wilkerson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II 486-14-3820		17. INFORMANT'S SIGNATURE OR NAME Pearl Wilkerson ADDRESS Mexico 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound of head DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5976X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Columbia (COUNTY) Boone (STATE) Mo			
21d. TIME OF INJURY 12-11-50-1009 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car over view of street			
22. I hereby certify that I attended the deceased from Columbia, Mo. , to Columbia, Mo. , 19 50 , that I last saw the deceased alive on 12-11-50 , and that death occurred at 12-11-50 m., from the causes and on the date stated above.							
23a. SIGNATURE Harry M. Smith, M.D. (Degree or title) Carver?				23b. ADDRESS Columbia, Mo		23c. DATE SIGNED 12-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-14-1950		24c. NAME OF CEMETERY OR CREMATORY Edgewood		24d. LOCATION (City, town, or county) (State) Mexico Mo	
DATE REC'D BY LOCAL REG. Dec. 13 1950		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE 31 ADDRESS Stuart St. Park Columbia Mo.			

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

RECEIVED 12/19/50 MAR 2 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 12/19/50

FEB 16 1951

FEB 28 1951

FEB 11 1951

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

working under my personal supervision.

Student Embalmer No.....

Signed

Stuart D. Parker

Signed.....

Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.