

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Marshall

965

State File No.

FILED FEB 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>106</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Greene		a. STATE Missouri		b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 2 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		03/16			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.				d. STREET ADDRESS (If rural, give location) 1118 Stewart					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) Marie		b. (Middle) Wilkerson		c. (Last) Wilkerson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH Feb. 28 1877			
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) Near Rogersville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William H. Wilkerson			13b. MOTHER'S MAIDEN NAME Mary Elizabeth Rogers			14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME John Wilkerson Spfld, Mo.				ADDRESS	
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) Thrombocytopenic purpura						INTERVAL BETWEEN ONSET AND DEATH 8 days	
		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 296X						20. AUTOPSY? 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>1-30</u> , 19 <u>52</u> , to <u>2-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>52</u> , and that death occurred at <u>4:15 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE James E. Marshall, M.D.				23b. ADDRESS Professional Bldg.			23c. DATE SIGNED 2-4-52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Burial		2-5-52		Hazelwood		Springfield, Mo.			
DATE REC'D BY LOCAL REG. 2-4-52		REGISTRAR'S SIGNATURE James H. Amos, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer				
					ADDRESS Springfield, Mo.				

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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 Walter E. Hamuli

Licensed Embalmer No. 3808

P. O. Address Springfield 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.