

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8084**

FILED APR 15 1952

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 343	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. BAPTIST HOSP.				d. STREET ADDRESS (If rural, give location) 2556 W. STATE			
3. NAME OF DECEASED (Type or Print) a. (First) OLEN		b. (Middle) M.		c. (Last) WILKERSON		4. DATE OF DEATH (Month) (Day) (Year) APRIL 7 1952	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 29 1897	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		11. BIRTHPLACE (State or foreign country) WEBSTER COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. J. WILKERSON			13b. MOTHER'S MAIDEN NAME MINNIE LIMBAUGH			14. NAME OF HUSBAND OR WIFE CORDA WILKERSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CORDA WILKERSON SPFLD, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull				INTERVAL BETWEEN ONSET AND DEATH 1 week	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 E8164-26				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.) At Work		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Campbell 039 Greene			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4:30 3-28		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2-Car Collision			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Gerald K. Brown				23b. ADDRESS Springfield MO		23c. DATE SIGNED 7-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/10/52		24c. NAME OF CEMETERY OR CREMATORY PANTHER VALLEY		24d. LOCATION (City, town, or county) (State) NEAR ROGERSVILLE, MO.	
DATE REC'D BY LOCAL REG. 4-10-52		REGISTRAR'S SIGNATURE James R. Brown, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Lucien T. Swadlow

Signed.....
Student Embalmer

Licensed Embalmer No. 4815

P. O. Address Springfield

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.