S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27332

State File No.

FILED SEP 13 1952

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. ~~DIST.~~ NO. 3007 Registrar's No. 402

0124

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (In this place) 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff Mo.
d. STREET ADDRESS (If rural, give location) 907 Alice St.

0127

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle)
c. (Last) Wilkerson

4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1952

5. SEX male

6. COLOR OR RACE Col.

7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) /

8. DATE OF BIRTH 8-9-1852

9. AGE (In years last birthday) 100 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Katie Wilkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Katie Wilkerson **ADDRESS** 907 Alice St. Poplar Bluff

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

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 331 X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Aug, 1952, *to* 3 Aug, 1952 *that I last saw the deceased alive on* 24 Aug, 1952 *and that death occurred at* 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] **(Degree or title)** M.D. **23b. ADDRESS** 3 Hill Bldg Poplar Bluff Mo **23c. DATE SIGNED** 3 Sept 52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)

24b. DATE 9-4-52

24c. NAME OF CEMETERY OR CREMATORY City Cemetary

24d. LOCATION (City, town, or county) Poplar Bluff **(State)** Mo.

DATE REC'D BY LOCAL REG. Sept 3 1952

REGISTRAR'S SIGNATURE Wm. H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith **ADDRESS** Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 10 1952
BUTLER CO. HEALTH CENTER
FILE No. 952-439

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 C. S. Donaldson working under my personal supervision.

Student Embalmer No. 473

Signed. C. S. Donaldson
Student Embalmer

Signed. Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Superior

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.