

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21414

State File No. _____
Registrar's No. _____

FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024

1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> c. LENGTH OF STAY (In this place) <u>2 WKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lee Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> d. STREET ADDRESS (If rural, give location) <u>905 West Davis St.</u>	
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3. NAME OF DECEASED (Type or Print) <u>Sallie</u>	a. (First) _____ b. (Middle) <u>Kivett</u> c. (Last) <u>Wilkerson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 26, 1865</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	IF UNDER 1 HR. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John S. Kivett</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth McCart</u>	14. NAME OF HUSBAND OR WIFE <u>William C. Wilkerson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lee Swearingen Fayette, Mo</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u> 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. <u>153X</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 m.</u>
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19a. DATE OF OPERATION <u>June 20</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma colon (left) - metastasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 June 1, 1953, to June 27, 1953 that I last saw the deceased alive on June 27, 1953 and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Date or title) <u>[Signature]</u>	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>7/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/28/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark's Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howard Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-27-53</u>	REGISTRAR'S SIGNATURE <u>Mary K Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A Carr Fayette, Mo.</u>
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(Licensed Embalmer's Statement of Reverse Side)

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

0451

0451

431-0

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

Joseph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.