

No. 300
10.48

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12527

State File No.

5-5-5648

Registrar's No. 9

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Asyark</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Asyark Everton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>20-5-50</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Everton Mo R.F.D. 2</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2 Asyark T</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>McKinley</u>	c. (Last) <u>WilKerson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>July 31-1870</u>
9. AGE (In years last birthday) <u>84</u>	If UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	If UNDER 24 Hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John WilKerson</u>	13b. MOTHER'S MAIDEN NAME <u>Chloe Harper</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Hixon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marvin Radley</u>	ADDRESS <u>Springfield Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC COLLAPSE</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (b) <u>De compensation CARDIAC</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <u>4343</u>		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)	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>April 1, 1955</u> , to <u>April 29, 1955</u> , that I last saw the deceased alive on <u>April 28, 1955</u> , and that death occurred at <u>3:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C.F. Hays J. 2 DO</u>	23b. ADDRESS <u>Asyark</u>	23c. DATE SIGNED <u>Mo 4/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 1-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunkle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawrence County Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-29-55</u>	REGISTRAR'S SIGNATURE <u>W. S. Barney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Buch</u>	ADDRESS <u>Ash Grove Mo.</u>

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

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.....
Signature of Student Embalmer

Signed *Richard E. Watts*.....

Licensed Embalmer No. *465*.....

P. O. Address *Leah Grove*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.