

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 36613

No. 300
10.48

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1024A

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Greene</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. CITY OR TOWN <u>Ash Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>02901</u>
c. LENGTH OF STAY (in this place) <u>2 Hrs</u>		e. STREET ADDRESS (If rural, give location) <u>Ash Grove Mo. RFD 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mary</u>	b. (Middle) <u>Eletha</u>	c. (Last) <u>Wilkerson</u>	<u>Nov. 15-1955</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 9-1875</u>	9. AGE (In years last birthday) <u>80</u> if UNDER 1 YEAR Months <u>10</u> Days <u>6</u> if UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles L. Yancey</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gum</u>	14. NAME OF HUSBAND OR WIFE <u>Arch L. Wilkerson</u>
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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 date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tommy Wilkerson</u>	ADDRESS <u>Ash Grove Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>3 years</u>
	ANTECEDENT CAUSES <i>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary Arteriosclerosis</u>		
	DUE TO (c) <u>Diabetes Mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4201</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>
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22. I hereby certify that I attended the deceased from Nov. 15, 1955, to Nov. 15, 1955, that I last saw the deceased alive on Nov. 15, 1955, and that death occurred at 10:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Paul, M.D.</u>	23b. ADDRESS <u>609 Cherry, Springfield Mo</u>	23c. DATE SIGNED <u>11/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 18-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Halltown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Halltown Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-21-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Buch</u>	ADDRESS <u>Ash Grove Mo.</u>
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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.....
J. W. Birch

Licensed Embalmer No. *385*

P. O. Address *Ash 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.