

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3464**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (in this place) <b>weeks</b>	c. CITY OR TOWN <b>Marshall</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>660 West Clay</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mildred</b>	b. (Middle) <b>Wilkerson</b>	c. (Last) <b>Robinett</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 16, 1886</b>	9. AGE (in years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Odessa, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Bennett Wilkerson</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Terrel</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>500-20-4597</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Martha Evans Marshall, Mo.</b>	ADDRESS <b>Marshall, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myasthenic pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis &amp; decompensation</b> DUE TO (c) <b>Hypertension 44/3x</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic pneumonia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to **Jan 15, 1956**, that I last saw the deceased alive on **Jan 14, 1956**, and that death occurred at **7:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur E. Harper M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Marshall Mo.</b>	23c. DATE SIGNED <b>1/14/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 17, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odessa Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Odessa, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 14-56</b>	REGISTRAR'S SIGNATURE <b>Carl Reel, Deputy</b>	385- <b>0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	ADDRESS <b>Marshall, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 2 1958

AUG 2 1958

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..... *R.W. Campbell Jr.*

Licensed Embalmer No. 346

P. O. Address *Marshall,*

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.