

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8541**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	
c. LENGTH OF STAY (In this place) <b>lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>130 a E. High Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>130 a E. High Street</b>			

3. NAME OF DECEASED (Type or Print) <b>ESTER Escher</b> a. (First) <b>JOHANA</b> b. (Middle) <b>WILKERSON</b> c. (Last)			4. DATE OF DEATH <b>March 21st 1956</b> (Month) (Day) (Year)	
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Febr 5th 1900</b>		9. AGE (In years last birthday) <b>56</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>16</b> IF UNDER 12 HRS: Hours <b>-</b> Mins. <b>-</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foot Wear</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Louis Sachs</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Guhleman</b>		14. NAME OF HUSBAND OR WIFE <b>Roy Wilkerson (Deceased)</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>489-20-0116</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack L. Wilkerson</b> ADDRESS <b>130 a E High J.C. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infection of the myocardium</b> INTERVAL BETWEEN ONSET AND DEATH <b>One hour</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b> <b>One year</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>H 200</b>		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 **7-8-55**, 19**55**, to **3-19-56**, 19**56**, that I last saw the deceased alive on **3-19**, 19**56**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Danbury M.D.</b> (Degree or title)		23b. ADDRESS <b>302 Bolwig</b>		23c. DATE SIGNED <b>3/23/56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/23/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverview</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson City Missouri</b>	
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DATE REC'D BY LOCAL REG <b>24 Mar 1956</b>		REGISTRAR'S SIGNATURE <b>R. P. Davis M.D. JR</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Funeral Home Jones</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

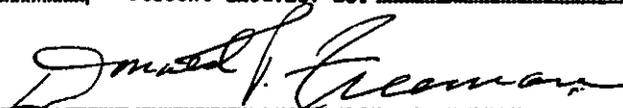
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City 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.