

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022930
State File No.

FILED JUL 14 1958

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		e. STREET ADDRESS (If rural, give location) <u>STAR RT., SANTA FE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>STELLA</u>	b. (Middle)	c. (Last) <u>WILKERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1, 1958</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>MARRIED</u>	8. DATE OF BIRTH <u>FEB 16, 1885</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>73</u>
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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>CRESTON, IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>1</u>
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13a. FATHER'S NAME <u>WILLIAM RUSSELL</u>	13b. MOTHER'S MAIDEN NAME <u>RHODA NICHOLEY</u>	14. NAME OF HUSBAND OR WIFE <u>HORACE 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. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HORACE WILKERSON, SANTA FE, MO.</u>	ADDRESS <u>SANTA FE, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>more than 4 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF GALLBLADDER</u>		
	ANTECEDENT CAUSES <u>WITH SECONDARY METASTASES TO LIVER</u> DUE TO (b) <u>LIVER</u> 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	20. AUTOPSY? <u>2</u> 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) <u>1551</u>
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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 14, 1958, to July 1, 1958, that I last saw the deceased alive on July 1, 1958, and that death occurred at 12:17 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clarence Cloher M.D.</u>	23b. ADDRESS <u>MOBERLY, Mo.</u>	23c. DATE SIGNED <u>7-1-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 3, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>MOBERLY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-3-58</u>	REGISTRAR'S SIGNATURE <u>Lea Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey</u>	ADDRESS <u>PARIS, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 14 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.....

A. G. Blakey

Licensed Embalmer No. 2616

P. O. Address PARIS, MISSOURI

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.