

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004150
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Dexter</u> <u>1031</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1410 E. Oak</u>		Length of stay in 1b <u>3 mo.</u>	d. STREET ADDRESS (If outside, give location) <u>1410 E. Oak</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Thomas</u> Last <u>Wilkerson</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>3,</u> Year <u>1959</u>		
5. SEX <u>male</u> <u>6</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 12, 1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Stoddard Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Wilkerson</u>		13b. MOTHER'S MAIDEN NAME <u>Nan Crumb</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>x x x x x x x x</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Mae Worley Dexter, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senility</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>3 3/4</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>7 P.</u> Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 1st 1959</u> to <u>Feb. 3rd 1959</u> and last saw <u>him</u> alive on <u>Feb. 3rd 1959</u> Death occurred at <u>7 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>D. Cannon M.D.</u> (Degree or title)			22b. ADDRESS <u>Dexter Mo.</u>		22c. DATE SIGNED <u>Feb. 6 1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-5-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Puxico, Mo. Rural.</u>
24. FUNERAL DIRECTOR <u>Watkins & Sons</u> ADDRESS <u>Dexter, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/6/59</u>	26. REGISTRAR'S SIGNATURE <u>Delma V. Jenkins</u>		

Secretary, coroner, etc.-must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Mark W. Johnson*

Licensed Embalmer No. *4717*
P. O. Address *Butler 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.