

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS FEB 5 1960/57

3028

=60-002175

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage		Length of stay in 1b 43 yrs	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1142 James St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1142 James St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LULU WILKERSON			4. DATE OF DEATH Month Day Year Jan 24, 1960			
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-29-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY bank records	11. BIRTHPLACE (City and state or country) Afton, Okla		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles R. Randolph		13b. MOTHER'S MAIDEN NAME Cyrena ?		14. NAME OF HUSBAND OR WIFE Fred B. Wilkerson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-18-7807	17. INFORMANT F.B. Wilkerson, 1142 James, Mo Address Carthage,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malnutrition</i> DUE TO (b) <i>Paralysis, agitated, not as result of encephalitis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>generalized spastic Muscles (Catatonia)</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 Carthage, Mo	COUNTY STATE	
21. I attended the deceased from <i>Sept 19, 1957</i> to <i>1-24-60</i> and last saw her alive on <i>Jan 16, 1960</i> Death occurred at <i>9:30 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Serge H. Wood</i> (Degree or title) MD			22b. ADDRESS Carthage, Mo		22c. DATE SIGNED 1-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-27-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Afton, Okla		
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-26-60	26. REGISTRAR'S SIGNATURE <i>Elly Clinton</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 <sup>X</sup> Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.