

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034598

STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 71

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 10 1962  
1. PLACE OF DEATH  
a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Spgs. Twp. Length of stay in 1b 2 Months

c. CITY OR TOWN Willow Springs Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home - Willow Spgs. Rl Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
Pairlee WILKERSON

4. DATE OF DEATH Month Day Year  
October 2, 1962

5. SEX Female

6. COLOR OR RACE White

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 5/20/73

9. AGE (last birthday) 89

IF UNDER 1 YEAR Months 4 Days 12 IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Duncan County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unk.

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE Charles W. 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. None

17. INFORMANT Walter Wilkerson, Willow Spgs. Rl, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)   
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK

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 9/26/62 to 10/2/62 and last saw her alive on   
Death occurred at Approx. 5 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Amos L. Coffee, M.D.

22b. ADDRESS Willow Springs, Mo. 22c. DATE SIGNED 10/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/5/62

23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county), (State) Willow Springs, Mo.

24. FUNERAL DIRECTOR Burns, Willow Springs, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 10/6/62 26. REGISTRAR'S SIGNATURE George Bps

VS 300 Rev. 4/59

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

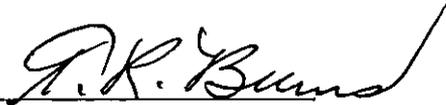
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 T. R. Burns 

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.