

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041519

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered in District No. 5034 Primary Registration District No. 5034 Registrar's No. 280

FILED DEC 10 1962

VS 300
Rev. 4/59

6040
8040

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120-0

132-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEAIRDACE Twp		Length of stay in lb Life	c. CITY OR TOWN Laddonia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. #2 Laddonia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Riley Ross Wilkerson			4. DATE OF DEATH Month Dec. Day 6 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/17/74	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Livestock		11. BIRTHPLACE (City and state or country) Audrain County, Mo, USA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John W. Wilkerson		13b. MOTHER'S MAIDEN NAME SARAH E. Wilson		14. NAME OF HUSBAND OR WIFE (Dec'd) Elsie E. 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 Address Everett Wilkerson Laddonia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - Coronary arteriosclerosis DUE TO (c) - generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 6 hours years years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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	
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	COUNTY	STATE	
21. I attended the deceased from 8-26-62 to 12-6-62 and last saw him alive on 12-6-62 Death occurred at 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Harold S. Simpson M.D.			22b. ADDRESS Mexico, Mo		22c. DATE SIGNED 12-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/8/62	23c. NAME OF CEMETERY OR CREMATORY East Lawn Mem Park	23d. LOCATION (City, town, or county) Mexico, Mo.		(State)
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.			25. DATE RECD. BY LOCAL REG. Dec 8-1962	26. REGISTRAR'S SIGNATURE Blanche Geely	

USE BLACK INK OR TYPEWRITER RIBBON

Amendments on this record are as follows
Harold S. Simpson M.D.

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

Kenneth E. Hayes

Licensed Embalmer No.

4890

P. O. Address

Memphis, 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.