

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12839**

BIRTH NO. _____ REG. DIST. NO. **127** PRIMARY REG. DIST. NO. **3028** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 615 Grant St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 Grant St.			
3. NAME OF DECEASED (Type or Print) a. (First) PETER		b. (Middle) NELSON	
		c. (Last) WIGGINS	
4. DATE OF DEATH (Month) (Day) (Year) April 26, 1949			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 30, 1860
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired wholesaler		10b. KIND OF BUSINESS OR INDUSTRY Grocery supplies	11. BIRTHPLACE (State or foreign country) Knox County, Illinois
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Wiggins		13b. MOTHER'S MAIDEN NAME Mary Alms	
		14. NAME OF HUSBAND OR WIFE Clara A Wiggins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
		17. INFORMANT'S SIGNATURE OR NAME Raymond Wiggins, Ordway, Colorado	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic, interstitial.		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Senility	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 3, 1948 , to Apr 26, 1949 , that I last saw the deceased alive on Apr 26, 1949 , and that death occurred at 6:25 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE George H. Wood M.D.		23b. ADDRESS Carthage Mo	
		23c. DATE SIGNED Apr 28 '49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr 28, 1949	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri.	
DATE REC'D BY LOCAL REG. 4/28/49		REGISTRAR'S SIGNATURE [Signature]	
		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	
		ADDRESS Carthage, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Frank W. Kuehl

Signed _____
Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

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 this body is not embalmed, fact should be so stated above.