

FILED AUG 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28998

State File No.

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6113 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT MO</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-MORELAND TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MORELAND TWP</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 MI EAST OF BENTON, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 MI. EAST BENTON, MO.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>	b. (Middle) <u>(NMI)</u>	c. (Last) <u>WIGGETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 2, 1949</u>
---	--------------------------	--------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (In years last birthday) <u>Approx - 95</u>	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) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (You, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ADA BELL DIRICKSON</u>	ADDRESS <u>BENTON, MO.</u>
---	-------------------------------------	--	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		<u>age</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Disease</u>		<u>20 yrs</u>
DUE TO (c) <u>Ulcers on both ankles</u>		<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	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 1938 to 1949, that I last saw the deceased alive on July 20, 1949 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. ...</u> (Degree or Title)	23b. ADDRESS <u>Chaffee Mo.</u>	23c. DATE SIGNED <u>8/14/49</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 3 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>COUNTY FARM CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SCOTT COUNTY - BENTON, MO.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG <u>Aug-8-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eddie Harrold</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>	ADDRESS <u>Chaffee, Missouri</u>
---	---	---	----------------------------------

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

90

0

RECEIVED AUG 11 1949

District Health Office No. 2

District File Number 249-82

Date Filed

8-3-1949

The body of Thomas Liggett - was not embalmed - burial was made at the Scott County Farm Cemetery - 2 1/2 miles east of Benton, Missouri -

Jack J. Burnett
4473 - Licensed Embalmer
Chaffee, Missouri

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 _____

Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.