

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37829

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5640 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1500 N. Roland	
3. NAME OF DECEASED (Type or Print) a. (First) Kallis b. (Middle) Edward c. (Last) Wiggins		4. DATE OF DEATH (Month) (Day) (Year) Nov 20 1949	
5. SEX m	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1912
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Independence, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Milton Wiggins	
13b. MOTHER'S MAIDEN NAME Myrtle Edwards		14. NAME OF HUSBAND OR WIFE Lorraine Wiggins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 21-21-11	
17. INFORMANT'S SIGNATURE OR NAME Lorraine Wiggins		18. ADDRESS 1500 N. Roland	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shot Gun wound, left chest ANTECEDENT CAUSES (b) Death due to hemorrhage of cerebral artery. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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: no operation	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hunting		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Independence Lafayette Mo	
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? Gunshot of chest while hunting.		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) M. Martin		23b. ADDRESS Odessa Mo	
23c. DATE SIGNED 11-20-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11/20/49		24c. NAME OF CEMETERY OR CREMATORY Kansas City Mo	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Clayton H. Landrum 153 W. Watkins Bldg. 1729 Lydia	
DATE REC'D BY LOCAL REG. Nov. 22 - 1949		REGISTRAR'S SIGNATURE	

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

RECEIVED NOV 29
District Health Officer No. 2,
District File Number _____
Date Filed 12-2-49

DEC 3 1949

*William Frank
1931 by the
H.O.*

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 J. Jerome Malone

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.