

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1936

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>942 Jefferson Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>942 Jefferson Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u>			b. (Middle) <u>Wiggington</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>January 14, 1950</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>January 13, 1950</u>	9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months _____ Days _____
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>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Wiggington</u>			13b. MOTHER'S MAIDEN NAME <u>Syble Campbell</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Wiggington</u> ADDRESS <u>Caruthersville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature b Weeks & Congenital Heart</u> 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.					
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) _____		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 <u>1-13</u> , 19 <u>50</u> , to <u>1-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>50</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Masters, D.O.</u> (Degree or title)				23b. ADDRESS <u>Haigh, Mo.</u>		23c. DATE SIGNED <u>1-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30, 1950</u>		REGISTRAR'S SIGNATURE <u>James B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home C'ville, Mo.</u>			

1-50-39

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.

Body was not embalmed

Signed *William D. Pike*

Signed.....
Student Embalmer

Licensed Embalmer No. *4484*

P. O. Address *Canthessville*

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.