

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14896

State File No. 3270

BIRTH NO. 5962-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis		c. LENGTH OF STAY (in this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston 0723			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Primary Hospital 1536 Papin street		d. STREET ADDRESS (If rural, give location) 601 Murray Lane 1					
3. NAME OF DECEASED (Type or Print) a. (First) Lonell		b. (Middle) Herbert		c. (Last) Wiggins			
4. DATE OF DEATH 4-4-1951		4. DATE (Month) (Day) (Year)		4-4-1951			
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH February 4th, 1951			
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 2		IF UNDER 6 HRS. Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Sikeston New Madrid Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lonell Wiggins		13b. MOTHER'S MAIDEN NAME Odise Jones			
14. NAME OF HUSBAND OR WIFE -		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 Beacie Sanderson		17. ADDRESS 2906 Thomas St.		17. ADDRESS 2906 Thomas St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningocele et Hydrocephalus  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.				INTERVAL BETWEEN ONSET AND DEATH Birth	
19a. DATE OF OPERATION Feb 5 51		19b. MAJOR FINDINGS OF OPERATION Same				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 152X			
22. I hereby certify that I attended the deceased from 4 Feb 1951 to 4/4 1951, that I last saw the deceased alive on 3-28 1951, and that death occurred at 12 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert W. Wiggins				23b. ADDRESS 16 Hamptonville Plaza		23c. DATE SIGNED 6/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-8th, 1951		24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston New Madrid Mo	
DATE REC'D BY LOCAL REG. APR 7 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE John J. Houston		25. ADDRESS 2829, Washington Blvd	

**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. 4441

P. O. Address. 2829 Washington, D.C.

**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.