No. 300
10.48

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36180

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4523 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Schell City
c. LENGTH OF STAY (in this place) 19 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Schell City 1080
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Juanita b. (Middle) Parlee c. (Last) Wigger

4. DATE OF DEATH (Month) (Day) (Year) 10 - 24 - 1951

5. SEX female

6. COLOR OR RACE white

7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) married

8. DATE OF BIRTH April 21, 1886

9. AGE (In years last birthday) 65 yrs. 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) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Butler, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John T. Wigger

13b. MOTHER'S MAIDEN NAME Frances Norvell

14. NAME OF HUSBAND OR WIFE Eddie Wayne Wigger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Ida Mae Stevens ADDRESS Schell City Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

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: Dont Know

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION No 334X

20. AUTOPSY? YES ☐ NO ☒

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) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 10-22, 1951, *to* 10-24, 1951, *that I last saw the deceased alive on* 10-24, 1951, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE J W Richardson (Degree or title)

23b. ADDRESS Tiffin Mo

23c. DATE SIGNED 10 22 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 26, 1951

24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery

24d. LOCATION (City, town, or county) Schell City (State) Mo.

DATE REC'D BY LOCAL REG. 10-26-51

REGISTRAR'S SIGNATURE Bliss B. Daily 463

25. FUNERAL DIRECTOR'S SIGNATURE Lewis + Son ADDRESS Schell City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 1 195
Dist. File 11-1-902
Date Filed 11-1-21

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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