S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41008

FILED JAN 11 1952

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (In this place): 2 mos. 24 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp. Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granite City 8120
d. STREET ADDRESS (If rural, give location): 2829 E. 24th St. 8

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): M.
c. (Last): Wiggins

4. DATE OF DEATH (Month) (Day) (Year): December 31, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: January 24, 1891
9. AGE (In years last birthday): 60 — 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): Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Palmyra, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marion Francis Wiggins
13b. MOTHER'S MAIDEN NAME: Elizabeth Farmer
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: Yes, not rem.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, far advanced, active, bilateral, with cavitation — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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

DUE TO (b) ~~Lateral sclerosis~~ — ~~Unknown~~

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Lateral Sclerosis — Unknown

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? YES [X] NO [ ]

002X

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: --

22. *I hereby certify that I attended the deceased from* October 8, *19* 51, *to* Dec. 31, *19* 51, ~~[illegible]~~, *and that death occurred at* 4:45 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm H. Bailey — WILLIAM H. BAILEY (Degree or title): M.D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 12-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-1-52
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Granite City, Illinois

DATE REC'D BY LOCAL REG.: 1/1/52
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: De Mar Funeral Home, Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Harold L. Mack

Licensed Embalmer No. 4588

P. O. Address Lathrop, Mo

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.