

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8643

State File No.

1143

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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|--|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) | |
| a. COUNTY <u>Jackson</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braymer</u> | |
| c. LENGTH OF STAY (in this place) <u>4 hours</u> | | d. STREET ADDRESS (If rural, give location) <u>130 W 1 N</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u> | | | |

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|----------------------------|-----------------------|---------------------------|-------------------------|----------------|--------------------|
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) <u>Hugh</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Wightman</u> | (Month) <u>3</u> | (Day) <u>9</u> | (Year) <u>1952</u> |
| (Type or Print) | | | | | |

| | | | | | | |
|------------------------|----------------------------------|--|--|--|--|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb 13 1909</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
|------------------------|----------------------------------|--|--|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Braymer Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Fred Wightman</u> | 13b. MOTHER'S MAIDEN NAME <u>Jessie D. Dusenberry</u> | 14. NAME OF HUSBAND OR WIFE <u>Wilda Wightman</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No Record</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lee R. Smith</u> | ADDRESS <u>5306 Canterbury Rd.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>58 1/2</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute massive gastric hemorrhage</u> | | |
| | ANTECEDENT CAUSES <u>ruptured esophageal varix</u> <u>Cirrhosis of liver.</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| | | |
|---|---|-----------------------------------|
| 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? |
|---|---|-----------------------------------|

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 10:30 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Jack H. Hill</u> | 23b. ADDRESS <u>3001 Wyandotte St. Mo.</u> | 23c. DATE SIGNED <u>10 Mar 52</u> |
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|--|---------------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 12 1952</u> | 24c. NAME OF CEMETERY OR CREMATOR <u>Evergreen</u> | 24d. LOCATION (City, town, or county) (State) <u>Braymer Mo.</u> |
|--|---------------------------------------|---|---|

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| DATE REC'D BY LOCAL REG. <u>3-10-52</u> | REGISTRAR'S SIGNATURE <u>Heraldine Holmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u> | ADDRESS <u>Kansas City Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

MAR 22 1952

1968
17 of 21 records
226087

MAR 23 1968

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 Alvin R. Hamschuld

Licensed Embalmer No. 4159

P. O. Address K. C. 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.