S. No. 3001
v. 10-48

FILED JUL 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19872

State File No.

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 55

0251
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1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Russell Lumber Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron 0251
d. STREET ADDRESS (If rural, give location) 418 N. Chestnut

3. NAME OF DECEASED (Type or Print)
a. (First) Baxter b. (Middle) Charles c. (Last) Wiggins

4. DATE OF DEATH (Month) June (Day) 30 (Year) 52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 18-1889
9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Yard
10b. KIND OF BUSINESS OR INDUSTRY Manager Lumber Yard
11. BIRTHPLACE (State or foreign country) Stewartsville Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Wiggins
13b. MOTHER'S MAIDEN NAME Henrietta Capper
14. NAME OF HUSBAND OR WIFE Virginia Wiggins Cameron
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. 499-18-4547
17. INFORMANT'S SIGNATURE OR NAME Virginia Wiggins Cameron ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 minutes

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 4201
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)
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* 10-2 *19*47, *to* 6-30-52 *19*____, *that I last saw the deceased alive on* 6-29-52, *19*____, *and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Cameron Mo
23c. DATE SIGNED 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-3-52
24c. NAME OF CEMETERY OR CREMATORY Osborn
24d. LOCATION (City, town, or county) Osborn (State) Mo.

DATE REC'D BY LOCAL REG. 7-5-52
REGISTRAR'S SIGNATURE Winifred W. Moser 396-0
25. FUNERAL DIRECTOR'S SIGNATURE Roland Funeral Home ADDRESS Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert F Poland

Licensed Embalmer No. 4777

P. O. Address 222 West 37th Cameron 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.