

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33982

State File No. _____

FILED OCT 6 1952
BIRTH NO. _____

REG. DIST. NO. 852 PRIMARY REG. DIST. NO. 7517 Registrar's No. 80

060
0

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

1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>Taney</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson mo</u>		c. LENGTH OF STAY (In this place) <u>4 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallerstein 1060</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spess Comm Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flores</u> b. (Middle) <u>Edmundo</u> c. (Last) <u>Wiggins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-52</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Apr 19-1892</u>			
9. AGE (In years last birthday) <u>60-</u>		10. MONTHS <u>00-</u>		11. HOURS <u>00-</u>		12. MINUTES <u>00-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Bransford mo</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>David Knorr</u>		13b. MOTHER'S MAIDEN NAME <u>Carie Knorr</u>		14. NAME OF HUSBAND OR WIFE <u>Richard M Wiggins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Richard M Wiggins</u>		ADDRESS <u>Branson Mo</u>	
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) <u>Cepto. Adenoma of Ovary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
				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 <u>216x</u>						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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>July 18 51</u> , to <u>9-27</u> , 1952, that I last saw the deceased alive on <u>9-27</u> , 1952, and that death occurred at <u>9:50 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W C Magnus M.D.</u>				(Degree or title)		23b. ADDRESS <u>Branson mo</u>		23c. DATE SIGNED <u>9-29-52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>9-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hale mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-2-52</u>		REGISTRAR'S SIGNATURE <u>A E Cogwell</u>		376		25. FUNERAL DIRECTOR'S SIGNATURE <u>W Habel</u>		ADDRESS <u>Branson mo.</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Minnie L. Wheelock

Licensed Embalmer No. 2277

P. O. Address Phonon, 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.