

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 28 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			c. LENGTH OF STAY (In this place) <u>25 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			<u>0396</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>732 South New</u>				d. STREET ADDRESS (If rural, give location) <u>732 South New</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA HELEN</u>			b. (Middle) <u>WIGGINGTON</u>		c. (Last) <u>SHUMATE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 22 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 3, 1869</u>		9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u> </u> Days <u> </u>	# UNDER 2 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co., Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Wiggington</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Helen Scott</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If you serve war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs R. F. Walters, Springfield, Missouri</u>				ADDRESS <u>Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Atherosclerosis, generalized</u> DUE TO (c) <u>-----</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4200</u>						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-----</u>		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) <u>-----</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-----</u>					
22. I hereby certify that I attended the deceased from <u>6 Feb</u> , 19 <u>52</u> , to <u>22 Feb</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9 Feb</u> , 19 <u>53</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Stanley A. Peterson M.D.</u>				23b. ADDRESS <u>Springfield, Mo</u>			23c. DATE SIGNED <u>24 Feb 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seymour Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Seymour, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-25-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Reg.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeier, Springfield, Mo</u>				

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.....

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.