.S. No. 300
EV. 10.48

FILED MAY 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17325

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5197 Registrar's No. 7

0170
1

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

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Sugartree Twp
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carrollton R.F.D. #5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Sugartree Twp. 0170
d. STREET ADDRESS (If rural, give location): South of Carrollton Mo.

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

4. DATE OF DEATH (Month) (Day) (Year): 5 - 4 - 53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 10 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Near White Rock Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William H. Wiggins
13b. MOTHER'S MAIDEN NAME: Amanda Murphy
14. NAME OF HUSBAND OR WIFE: Neal Jones Wiggins(Wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-24-3237
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: L.H. Wiggins(Carrollton Mo.R.F.D 2

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5/1/53

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arterial sclerosis generalized plus — 5/4/53
DUE TO (c) — 10/12/52
5/4/53

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: 331X
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* Oct. 12, 19 52, *to* May 4, 19 53, *that I last saw the deceased alive on* May 4, 19 53, *and that death occurred at* 11:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo A Kelling MD 0
23b. ADDRESS: Waverly, Missouri
23c. DATE SIGNED: 5-7 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-53
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Carrollton Mo.

DATE REC'D BY LOCAL REG.: May 7-1953
REGISTRAR'S SIGNATURE: Eileen Pennington 46 - 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Marshall F. Home(Carrollton Mo.)

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1953

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 P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.