No. 300
10.48

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18774

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 22

690
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris
c. LENGTH OF STAY (In this place): Tonight
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Locust St (KEY APT.)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville Mo
d. STREET ADDRESS (If rural, give location): 509 Madison 0700

3. NAME OF DECEASED (Type or Print)
a. (First): Lelia
b. (Middle): Augusta
c. (Last): Wiggs

4. DATE OF DEATH (Month) (Day) (Year): 5/10/53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 22 1879
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months 3 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House.
11. BIRTHPLACE (City and State or Foreign Country): Montgomery Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Augustus Ithner
13b. MOTHER'S MAIDEN NAME: Mary Grant
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Kermit Wiggs, Paris, Mo.

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): Carcinoma Lungs — INTERVAL BETWEEN ONSET AND DEATH: N.R.

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: 162 X
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* May 3, 1953 *to* MAY 10, 1953, *that I last saw the deceased alive on* May 10, 1953 *and that death occurred at* 1:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo M. Bogler M.D.
23b. ADDRESS: PARIS, Mo.
23c. DATE SIGNED: 5-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/12/53
24c. NAME OF CEMETERY OR CREMATORY: Wellsville
24d. LOCATION (City, town, or county) (State): Wellsville Mo

DATE REC'D BY LOCAL REG.: 5-10-53
REGISTRAR'S SIGNATURE: F. A. Barnett M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F B Wells Wellsville

(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. A B Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville, 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.