

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43244**
5795

No. 300
10-48

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Albert</u> c. (Last) <u>Wiggins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 7 53</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>NO - NO - 0</u>	
8. DATE OF BIRTH <u>9/4/53</u>		9. AGE (In years last birthday) (Specify) <u>3 yrs</u>		10. IF UNDER 1 YEAR (Specify) (Specify) (Specify) (Specify) (Specify) (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>D North Kansas City, MO</u>	
12. BORN OF WHAT		13a. FATHER'S NAME <u>Albert E Wiggins</u>		13b. MOTHER'S MAIDEN NAME <u>William B. Lamb</u>	
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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Albert E. Wiggins</u>		18. ADDRESS <u>North KC</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Aplastic Anemia</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Lower nephron nephrosis</u>		292 1/2	
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		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) (Min.)		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 8/29, 1953, to 12/7, 1953, that I last saw the deceased alive on 12/7, 1953, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Children's Mercy Hosp</u>		23c. DATE SIGNED <u>12/10/53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>K.C. K's.</u>		DATE REC'D BY LOCAL REG. <u>12-9-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>K.C.</u>			

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

ON 09/10/10

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 Glenn A. Hill

Licensed Embalmer No. 4586

P. O. Address K. E. 16. 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.