

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **44178**

FILED JAN 5 1954

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11935**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.) c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1923 Montgomery St.		e. STREET ADDRESS (If rural, give location) 1923 Montgomery St. 2269			
3. NAME OF DECEASED (Type or Print) a. (First) Effie		b. (Middle)		c. (Last) Dwiggins.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Jul. 2, 1877.		9. AGE (In years last birthday) 76.		10. MONTH (Day) (Year) OF DEATH Dec. 18, 1953.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) Worth County, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James A. Wooten		13b. MOTHER'S MAIDEN NAME Evelyn Benson	
14. NAME OF HUSBAND OR WIFE Hamilton Dwiggins (DCSD)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Nil.		16. SOCIAL SECURITY NO. No.	
17. INFORMANT'S SIGNATURE OR NAME Anna M. Bates		ADDRESS 3244 Lafayette, Ave.			
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) Carcinoma of rectum			
		INTERVAL BETWEEN ONSET AND DEATH don't know.			
		ANTECEDENT CAUSES Morbidity 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. none			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 154X		22. I hereby certify that I attended the deceased from 11-16-53 , 19, to 12-18-53 , 19, that I last saw the deceased alive on 12-8-53 , 19, and that death occurred at 1:40 AM. , from the causes and on the date stated above.			
23a. SIGNATURE Walter H. Isaacman MD		(Degree or title)		23b. ADDRESS 1515 St. Louis	
23c. DATE SIGNED 12-18-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-18-53	
24c. NAME OF CEMETERY OR CREMATORY Walker Cemetery.		24d. LOCATION (City, town, or county) (State) Bloomfield, Missouri.			
DATE REC'D BY LOCAL REG. DEC 18 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
		ADDRESS 4700 Washington.			

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

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.....
Signature of Student Embalmer

Signed

John S. Rennehy

Licensed Embalmer No. *419A*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.