

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4231

State File No.

0161
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FILED MAR 2 1954 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cripple Creek)</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Near Leamon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deal Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Jefferson</u> b. (Middle) <u>Wigell</u> c. (Last) <u>Wigell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1954</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 22-1868</u>	9. AGE (In years last birthday) <u>85</u> Months <u>8</u> Days <u>2</u>	IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William J. Minell</u>	13b. MOTHER'S MARDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Wigell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Swift</u>	ADDRESS <u>St. Louis, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Failure</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 23, 1954, to Feb 24, 1954, that I last saw the deceased alive on Feb 23, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Dickson, M.D.</u>	23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>2-26-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 26 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oriole Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Oriole, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 26-54</u>	REGISTRAR'S SIGNATURE <u>D. J. Dickson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke-Laurd</u>	ADDRESS <u>Jackson, Mo.</u>
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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
Student Embalmer.

Signed _____

R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.