

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **5125**  
**595**

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>JACKSON</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>NORTH KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>9 Days</b>		e. STREET ADDRESS (If rural, give location) <b>Rte 5</b>		6666 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>					
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>ALBERT</b>			b. (Middle) <b>E.</b>		
c. (Last) <b>WIGGINS</b>			Month <b>Feb</b> Day <b>4</b> Year <b>1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 16, 1894</b>		9. AGE (In years last birthday) <b>59</b>		10. If UNDER 1 YEAR: Months _____ Days _____	
11. If UNDER 1 MRS. Hours _____ Min. <b>6</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Oklahoma City, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) _____	
13a. FATHER'S NAME <b>John M. Wiggins</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Toohman</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>493 12-0853</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Official Records, Kansas City, Missouri</b>	
15. (If yes, give year or dates of service) <b>WWI</b>		16. _____		17. ADDRESS _____	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. WISE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary emphysema &amp; fibrosis</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Rheumatic heart disease with aortic stenosis</b>			<b>10 years</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			<b>525X</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) <b>VA</b>		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 **January 26, 1954**, to **February 4, 1954**, ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>THOMAS J. RANKIN, M.D.</b>		23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		23c. DATE SIGNED <b>2/4/54</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/5/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE Hill cem</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, KS</b>		DATE REC'D BY LOCAL REG. <b>2-5-54</b>		REGISTRAR'S SIGNATURE <b>Steldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's N.K.C. MO</b>		ADDRESS _____			

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 *Glenn H. Hill*.....

Licensed Embalmer No. 450

P. O. Address K. C. 16.

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.