

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8404**

FILED APR 5 1954

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5506		Registrar's No. 342	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Township		c. LENGTH OF STAY (In this place) 8 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton, RFD. 5.				d. STREET ADDRESS (If rural, give location) Clinton, RFD. 5.			
3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Ann c. (Last) Wiggins			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 28, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 3	IF UNDER 1 MIN. Hours 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Wm. Endicott			13b. MOTHER'S MAIDEN NAME Mary Ann Young		14. NAME OF HUSBAND OR WIFE deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Pheil, Clinton, Mo. RFD. 5.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from esophageal varix					5 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of the liver					2 years
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of the right humerus					7 weeks
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION. 5810F				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) None		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 _____, 1952, to April 1, 1954 , that I last saw the deceased alive on April 1, 1954 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) S. B. Hughes, M.D.				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 12/1/54	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE April 4, 1954		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cem.		24d. LOCATION (City, town, or county) (State) Windsor, Mo.	
DATE REC'D BY LOCAL REG April 4-5-54		REGISTRAR'S SIGNATURE Florence G. Lauer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. A. Vansant, Clinton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
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