

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

15061

State File No.

 BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		c. CITY OR TOWN <u>Weatherby</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>		STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Daviess Co. Rest Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Revalo</u>	c. (Last) <u>Wiglesworth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 1 1890</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Oliver Wiglesworth</u>	13b. MOTHER'S MAIDEN NAME <u>Emaline Joy</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Wiglesworth, Weatherby, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>48 hrs</u>
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Senile Dementia</u>		<u>2 yrs</u> <u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>large femoral Hernia & Hydrocele</u>			<u>5 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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)
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?

22. I hereby certify that I attended the deceased from Feb 1955, to May 10, 1955, that I last saw the deceased alive on May 10, 1955, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>H. W. Bailey, D.D.</u>	23b. ADDRESS <u>Gallatin, Mo</u>	23c. DATE SIGNED <u>5/12/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alta Vista Cemetery, Daviess Co. Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>5-17-55</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. O. Dickson</u>	ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 33.....

P. O. Address Fallston.....

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.