

FILED AUG 21 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26445

State File No. _____

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BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5391 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY OR TOWN Rural-Texas Twsp.		c. CITY OR TOWN -----	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 township) 39 yrs		e. STREET ADDRESS (If rural, give location) Rural Route 1, Salem, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1, Salem, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) RALPH	b. (Middle) HENDERSON	c. (Last) WIGGINS	4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 22, 1892	9. AGE (In years last birthday) 63	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HR. Hours	12. IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lorenza Dow Wiggins	13b. MOTHER'S MAIDEN NAME Lillie Keaton	14. NAME OF HUSBAND OR WIFE Mary Wiggins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mary Wiggins, Rte 1, Salem, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) By Natural Means By Reason OF A HEART ATTACK		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 1 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.W. Adams, Sheriff, Actg. Coroner	23b. ADDRESS Salem, Missouri	23c. DATE SIGNED Aug 13, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 15 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Hermon Cemetery	24d. LOCATION (City, town, or county) (State) Dent County, Missouri
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DATE REC'D BY LOCAL REG. 8-14-56	REGISTRAR'S SIGNATURE R.E. Mitchell, MD by MBE	25. FUNERAL DIRECTOR'S SIGNATURE Max E. Crawford	ADDRESS Salem, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Max D. Warfel

Licensed Embalmer No.*4170*

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