

FILED MAR 12 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4711 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY PIKE			2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence before admission) a. STATE MO b. COUNTY Pike		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bowling Green		0920 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Col. Nursing Home			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOMER Middle - Last Wiggington			4. DATE OF DEATH FEB 26 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15 1870	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 8 Days 11 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pike Co. Mo.	
13. FATHER'S NAME Albert Wiggington			14. MOTHER'S MAIDEN NAME ANNIE LEDBETTER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. none		17. INFIRMITY Mrs Virginia Mae Cherry Eekia Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke due to Atherosclerosis					INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 446X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour - Month - Day - Year - a. m. - p. m. -					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from 11:50 to Feb 26 1957 and last saw her/him alive on Feb 23 Death occurred at 3 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. M. Mathews M.D.			22b. ADDRESS Bowling Green Mo		22c. DATE SIGNED 3-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 5 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion		23d. LOCATION (City, town, or county) (State) Pike Co. MO
24. FUNERAL DIRECTOR Grace Bankhead		ADDRESS Bowling Green		25. DATE RECD. BY LOCAL REG. 3-9-57	26. REGISTRAR'S SIGNATURE Dell Robinson

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harold C. Kirk*.....

Licensed Embalmer No. *44*

P. O. Address *Ban...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.