

FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38342

STATE FILE NUMBER
10033

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10033**

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Missouri Pacific Hospital</i> <i>Springfield</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Montgomery</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Missouri</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Mr. Vernon</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>8120</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital Springfield</i> Length of stay in lb <i>0</i>		d. STREET ADDRESS <i>325 Broadway St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Charles Addison Wigfield</i> Middle Last		4. DATE OF DEATH <i>October 25 1957</i> Month Day Year	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 27, 1869</i>
9. AGE (In years birthday) <i>88</i>		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>Cumberland, Maryland</i>
<i>Pres. Switchman</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Wigfield</i>		13b. MOTHER'S MAIDEN NAME <i>Mary (Unknown)</i>	14. NAME OF HUSBAND OR WIFE <i>Lillie Wigfield</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no., or unknown) (If yes, state war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT <i>Lillie Wigfield, Mt. Vernon, Illinois.</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis heart disease</i> DUE TO (c) <i>Pneumonia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420-D</i>			INTERVAL BETWEEN ONSET AND DEATH
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 <i>September 30/1957</i> to <i>October 25/1957</i> and last saw her alive on <i>October 24/1957</i> . Death occurred on <i>October 25/1957</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dee Bay</i> (Deed or title)		22b. ADDRESS <i>1755 1/2 Head</i>	22c. DATE SIGNED <i>10/27</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-25-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakwood Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Mount Vernon, Illinois.</i>
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i> ADDRESS <i>4700 Washington, Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 26 57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith - MD</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

X

X

88 1941, 1942

A.S.U. ...

John ...

(Unknown) ...

John ...

John ...

Unknown

...

...

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 ... [Signature]

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.

Albert H. ...