

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017551

STATE FILE NUMBER

FILED MAY 21 1958 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 64

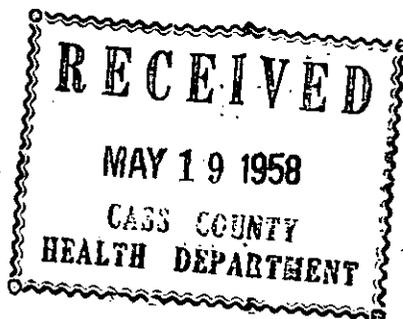
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All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Harrisonville</u> 019 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> Length of stay in 1b <u>9 days</u>		d. STREET ADDRESS <u>Suburban</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>HERBERT</u> Last <u>WIGGINTON</u>		4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>June 7, 1877</u>
9. AGE (In years, last birthday) <u>80</u> UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and county) <u>Boonville, Mo. 1st CA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Thomas Wigginton</u>	
13b. MOTHER'S M maiden name <u>Prilla Swinnell</u>		14. NAME OF HUSBAND OR WIFE <u>Allie Wigginton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>ANNA L STEWART</u> Address <u>Harrisonville, Mo</u>		18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Brain injury (Basilar)</u> DUE TO (c) <u>Fractured skull (Basilar)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>Thrown by Feed Grinder Belt hitting head</u>	
20c. TIME OF INJURY Hour <u>1:00</u> Month <u>May</u> Day <u>5</u> Year <u>1958</u> a.m. <u></u> p.m. <u></u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Barn</u>	
20e. CITY, TOWN, OR LOCATION <u>Harrisonville</u> COUNTY <u>019</u> STATE <u>Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Harrisonville</u> COUNTY <u>019</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>5-5-58</u> to <u>5-14-58</u> and last saw her alive on <u>5-14-58</u> Death occurred at <u>3:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Edward S. Jones, MD</u> (Degree or title)	
22b. ADDRESS <u>Harrisonville, Mo</u>		22c. DATE SIGNED <u>5-16-58</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 16-1958</u>	
23c. NAME OF CEMETERY OR OBTUATOR <u>Orient Cemetery</u>		23d. LOCATION (City, town, or county) <u>Harrisonville, Mo</u> (State)	
24. FUNERAL DIRECTOR <u>Burnerbugas</u> ADDRESS <u>Harrisonville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 16, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Woraw Barnard</u>			



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 *James R. Phillips*

Licensed Embalmer No. *4641*

P. O. Address *Harrisonville*

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.