

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017951

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 807

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1-57

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1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Clinton		c. CITY OR TOWN Clinton 0420	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp. 7Da.		d. STREET ADDRESS (If outside, give location) RFD. #5,	

3. NAME OF DECEASED (Type or print) First Mary Middle Edna Last White			4. DATE OF DEATH Month May Day 24 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 16, 1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 9 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work -		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cole Co. Mo.	
10c. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Edward Ray Wiggins		13b. MOTHER'S MAIDEN NAME Julia Ann Endicot		14. NAME OF HUSBAND OR WIFE Joe White	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-40-1453		17. INFORMANT Mrs. Chester Keifer, Clinton, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism			INTERVAL BETWEEN ONSET AND DEATH Death at once		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Laparotomy for cyst aspiration			7 days		
DUE TO (c) 583 X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cystic Hepatitis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from 1948 to May, 24, 58 and last saw her/him alive on May-22-58 Death occurred at 7:22 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE J. B. Hughes, M.D.		22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 5-26-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 27, 1958		23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		23d. LOCATION (City, town, or county) (State) Clinton, Mo.	
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24. FUNERAL DIRECTOR H. Nassant, Clinton, Mo		25. DATE RECD. BY LOCAL REG. 5-26-58		26. REGISTRAR'S SIGNATURE Mildred Bigum	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

JUN 20 1958

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 *H. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

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.