

Health, & Welfare - Public Service

STANDARD CERTIFICATE OF DEATH

58-026423 STATE FILE NUMBER

88666-58 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Pemisacot b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI c. FULL NAME OF (If NOT in hospital/ give location) HAYTI HOSPITAL Length of stay in lb 6 hrs 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN Portageville d. STREET ADDRESS Route # 3 3. NAME OF DECEASED First MIDDLE LAST BABY WIGFALL 4. DATE OF DEATH 28 Jul 58 5. SEX M 6. COLOR OR RACE C 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 28 July 58 9. AGE (In years last birthday) 4 30 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Mo. 0 12. CITIZEN OF WHAT COUNTRY? USA. 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Lola Mae Wigfall 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Lola Mae Wigfall Address Portageville 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) Premature Birth INTERVAL BETWEEN ONSET AND DEATH 8 hours Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 776X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE Portageville New Madrid Mo. 21. I attended the deceased from 28 July 58, to 28 July 58 and last saw her/him alive on 28 July 58. Death occurred at a m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) J. H. Hunter Jr. M.D. 22b. ADDRESS Portageville, Mo. 22c. DATE SIGNED 28 Jul 58 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 28, 1958 23c. NAME OF CEMETERY OR CREMATORY New Prospect Cemetery 23d. LOCATION (City, town, or county) (State) Point Pleasant, Mo. 24. FUNERAL DIRECTOR Family ADDRESS 25. DATE RECD. BY LOCAL REG. 7-31-58 26. REGISTRAR'S SIGNATURE John W. Herman

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 11 1958

COURT HOUSE  
CARUTHERSVILLE, MO.

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.

*Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

P. O. Address.....

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.