. Health,
& Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035732
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 52 Primary Registration District No. _____ Registrar's No. 493

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Appleweek — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jackson R 1 — Length of stay in 1b: 6 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Ripley
c. CITY OR TOWN: Doniphan — Inside Limits Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location): 097 0 R. 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William — Middle: G — Last: Wiggins
4. DATE OF DEATH: Month: Oct — Day: 11 — Year: 1958
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 13, 1872
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and state or country): Harrisburg, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joseph Wiggins
13b. MOTHER'S MAIDEN NAME: Martha Vantreese
14. NAME OF HUSBAND OR WIFE: Mary Francis Wiggins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Roscoe Wiggins — Address: Jackson, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardio-vascular Renal Disease
DUE TO (c): Arteriosclerosis 442X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 a.m. p.m. — Month, Day, Year
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

21. I attended the deceased from Aug. 28, 1958, to Oct. 10, 1958 and last saw her/him alive on Oct. 2nd, 1958
Death occurred at 1:30P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Esther L. Tindall (Degree or title) M.D.
22b. ADDRESS: Jackson, Missouri
22c. DATE SIGNED: 10/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 13, 1958
23c. NAME OF CEMETERY OR CREMATORY: New Bethel
23d. LOCATION (City, town, or county) (State): Jackson R#1 Mo.

24. FUNERAL DIRECTOR: Leo C Cauft — ADDRESS: Jackson, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 21, 1958
26. REGISTRAR'S SIGNATURE: Mrs Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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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 Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, Mi

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.