

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041144
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 268

1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 0920 Rural-Portage twsp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Length of stay in 1b 1 day		d. STREET ADDRESS R.F.D # 1		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Harry Joseph Dwiggins				4. DATE OF DEATH Month Nov. Day 18, Year 1958					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 15, 1894		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 11 Days 3 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) guard			10b. KIND OF BUSINESS OR INDUSTRY Lewis & Clark Bridge		11. BIRTHPLACE (City and state or country) West Alton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John R. Dwiggins				14. MOTHER'S MAIDEN NAME Mary Ann Echele					
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. 498-07-0131		17. INFORMANT Address William Dwiggins, University City, 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) Cerebral Vascular Hemorrhage Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 							INTERVAL BETWEEN ONSET AND DEATH 4 days Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X							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 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 November 17, 1958 to November 18, 1958 and last saw ^{her} him alive on Nov 18, 1958 Death occurred at 8:03 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Don R. Randall, M.D.				22b. ADDRESS 207 N. 5th St. Charles, Mo.		22c. DATE SIGNED Nov 20, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 21, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		23d. LOCATION (City, town, or county) Portage des Sioux, Mo.				
24. FUNERAL DIRECTOR ADDRESS H. C. Dulmeyer, St. Charles, Mo.				25. DATE RECD. BY LOCAL REG. Nov 20-58		26. REGISTRAR'S SIGNATURE Marcella Wilson			

(Licensed Embalmer's Statement on Reverse Side)

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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No. 4.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.