

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**FILED VS DEC 7 1959**

**59-039314**

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5242 Registrar's No. 63

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bee Branch Twp.</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Bee Branch Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 mi. So. New Cambria</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mi. So. New Cambria</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Jane</u> Last <u>Wiggins</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1959</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/3/99</u>	9. AGE (last birthday) <u>60yrs.</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>--</u> Hours <u>--</u> Min. <u>--</u>	IF UNDER 24 HR Hours <u>--</u> Min. <u>--</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and state or country) <u>Lagonda, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>				
13a. FATHER'S NAME <u>Louis Hobart Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Meeks</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Wiggins</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT Address <u>Frank Wiggins, New Cambria, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiorenal insufficiency</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>							<u>years.</u>				
DUE TO (c) <u>Chronic nephritis</u>							<u>years</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Paralysis Rt 7th Cranial Nerve</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
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.)							
20c. TIME OF INJURY Hour <u>--</u> a.m. <u>--</u> Month, Day, Year <u>--</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Oct 5, 1959</u> to <u>Dec 3, 1959</u> and last saw her <u>her</u> alive on <u>Oct 25, 1959</u> Death occurred at <u>2:05 AM, 3 Dec 59</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Donald E Eggleston</u> (Degree or title)				22b. ADDRESS <u>Mason, Missouri</u>				22c. DATE SIGNED <u>4 Dec 59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 5, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chariton County, Missouri</u>						
24. FUNERAL DIRECTOR <u>J. J. Silliman</u> ADDRESS <u>New Cambria mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Dec 5-59</u>		26. REGISTRAR'S SIGNATURE <u>W. J. Haestling</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *A. J. Gilleland*

Licensed Embalmer No. 4819

P. O. Address New Columbia

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.