

Health,
& Welfare
Public
Service

FILED VS FEB 4 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-000257

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 3

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		c. CITY OR TOWN Centralia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hulen Nursing Home		d. STREET ADDRESS (If outside, give location) 215 East Sneed	
3. NAME OF DECEASED (Type or print) First Martha Middle Wigham Last Wigham		4. DATE OF DEATH Month Jan Day 31 Year 60	
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22 1861
9. AGE (In years last birthday) 98		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) Mt. Sterling, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Mobley		13b. MOTHER'S MAIDEN NAME Rachel (unknown)	
14. NAME OF HUSBAND OR WIFE deceased		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. No		17. INFORMANT C.H. Wigham, Centralia, 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) Hypostatic Pneumonia DUE TO (b) arteriosclerosis DUE TO (c) 4500 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 12 hr unknown
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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 Dec 5-59 to Jan 31-60 and last saw her alive on Jan 31-60 Death occurred at 6:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.H.C. Kelley Sr.		22b. ADDRESS 2 Moberly St	
22c. DATE SIGNED 2-2-60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 3, 1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Sterling	
23d. LOCATION (City, town, or county) Mt. Sterling, Ill.		23e. STATE Ill.	
24. FEDERAL DIRECTOR Pile C. Meador Surgeon, Missouri		25. DATE RECD. BY LOCAL REG. Feb 3-1960	
26. REGISTRAR'S SIGNATURE Maud McBride			

2-0

FEB 4 1946

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 *Bill J. Meador*

Licensed Embalmer No. *4876*
P. O. Address *Stamps, Miss*

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.