

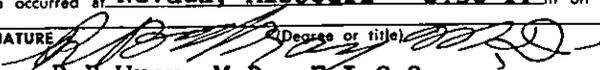
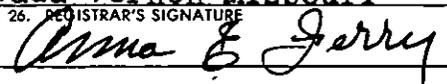
**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 28 1960

**=60-048523**

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		Length of stay in 1b <b>12 yrs.</b>		c. CITY OR TOWN <b>Nevada, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada, Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1404 West Hickory St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>Agnes Wigger</b>				4. DATE OF DEATH Month Day Year <b>12-20-1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-9-1891</b>		9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>11</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <b>Miller County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Jake Evans</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Susan -----</b>				14. NAME OF HUSBAND OR WIFE <b>Ed. Wigger, Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <b>no none</b>				16. SOCIAL SECURITY NO. <b>499-14-4169D</b>		17. INFORMANT <b>1404 West Hickory St. Lucy Martin, Sister Nevada, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gangrene of amputation stump, right</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Recently eradicated inoperable carcinoma of the cervix (6 Mos.)</b>										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 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 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 <b>July 6, 1960</b> to <b>Dec. 20, 1960</b> and last saw her <sup>her</sup> <del>him</del> <sup>live</sup> on <b>Dec. 20, 1960</b> Death occurred at <b>Nevada, Missouri</b> <b>8:30 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE  (Degree or title) <b>R. B. Wray, M. D., F.I.C.S.</b>				22b. ADDRESS <b>Moore Bldg., Nevada, Missouri</b>				22c. DATE SIGNED <b>12/23/'60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-22-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada Vernon Missouri</b>							
24. FUNERAL DIRECTOR <b>Hays Funeral Service, Inc.</b> <b>Nevada, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>12-24/1960</b>		26. REGISTRAR'S SIGNATURE 							

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard L. Ruffin

Licensed Embalmer No. 5053

P. O. Address H. L. Ruffin, Jr.

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