

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-002735**

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 23

AMENDED

**FILED JAN 23 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Marion</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hannibal</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Marion</b>
Length of stay in 1b <b>2 years</b>		c. CITY OR TOWN <b>Hannibal</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>St. Elizabeth Hospital</b>		d. STREET ADDRESS <b>2520 Fulton Ave.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>JOHN</b>	Middle <b>W.</b>	Last <b>WIGGS</b>	4. DATE OF DEATH	Month <b>January</b>	Day <b>16</b>	Year <b>1962</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/8/1898</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>edge trimmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>shoe factory</b>	11. BIRTHPLACE (City and state or country) <b>Monkey Run, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>United States</b>
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13a. FATHER'S NAME <b>Matthew Wiggs</b>	13b. MOTHER'S MAIDEN NAME <b>Daisy Wooten</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred C. Wiggs</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Mildred Wiggs, 2520 Fulton</b>	Address <b>Hannibal, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>
IMMEDIATE CAUSE (a) <b>Cerebral Concussion</b>		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture left hip.</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
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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.) <b>Driving car on icy street, hit tree.</b>
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20c. TIME OF INJURY <b>8:40 a.m.</b>	Month, Day, Year <b>1 16 62</b>
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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.) <b>street</b>	20f. CITY, TOWN, OR LOCATION <b>Hannibal</b>	COUNTY <b>Marion</b>	STATE <b>Mo</b>
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21. I attended the deceased from 8:40 to a and last saw her/him alive on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Larry Sweets Jr MD Coroner</b>	22b. ADDRESS <b>Hannibal Mo</b>	22c. DATE SIGNED <b>1-16/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1/19/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>
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24. FUNERAL DIRECTOR <b>Jack Schwartz - Hannibal, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Jan. 17, 1962</b>	26. REGISTRAR'S SIGNATURE <b>E.M. Rusche by Lillian M. Herman</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 *Paul Schubert*

Licensed Embalmer No. 4900

P. O. Address Hannibal, Mo.

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.