

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039498

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 371

FILED NOV 5 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Marion</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u></p> <p>c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>1115 Center</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM MOSES WIGGER</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>October 30, 1962</u></p>	
<p>5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u></p> <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> 8. DATE OF BIRTH <u>June 10, 1889</u> 9. AGE (last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u> IF UNDER 24 HR Hours _____ Min. _____</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clergyman</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY _____</p> <p>11. BIRTHPLACE (City and state or country) <u>Leadwood Missouri</u> 12. CITIZEN OF WHAT COUNTRY <u>U S A</u></p>	
<p>13a. FATHER'S NAME <u>John Henry Wigger</u> 13b. MOTHER'S MAIDEN NAME <u>Julia Gore</u> 14. NAME OF HUSBAND OR WIFE <u>Florence Newcomer</u></p>	
<p>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. _____ 17. INFORMANT <u>Mrs. W.M. Wigger</u> Address <u>Hannibal Mo</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u></p> <p style="text-align: center;">DUE TO (b) <u>Myocardial Infarction - Acute</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) _____</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p>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 _____</p>	
<p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</p> <p>Death occurred at <u>11:35 A</u> m on the date stated above and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u> 22b. ADDRESS <u>[Address]</u> 22c. DATE SIGNED <u>Oct 30/62</u></p>	
<p>23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>11/2/1962</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u> 23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u> (State) _____</p>	
<p>24. FUNERAL DIRECTOR <u>Smith's Funeral Home</u> ADDRESS <u>Hannibal Mo</u> 25. DATE RECD. BY LOCAL REG. <u>Oct. 31, 1962</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS 300	Rev. 4/59
1	0648
2	0648
3	
4	0
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12	1-0
13	1-0

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 John S. Spaul

Licensed Embalmer No. 4540

P. O. Address Hammel Mt

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.

Permit received 10/31/62