

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014908

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

032

Primary Registration District No.

Registrar's No.

27

STATE FILE NUMBER

FILED APR 16 1963

1. PLACE OF DEATH

a. COUNTY

Bollinger

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Lutesville

Length of stay in 1b

58 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Bollinger

c. CITY
OR
TOWN

Lutesville

d. STREET
ADDRESS

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

William

Sailor

Wiggs

4. DATE
OF
DEATH

April

7

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 25, 1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days

12

IF UNDER 24 HR

Hours Min.

12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Newspaper Publisher

10b. KIND OF BUSINESS OR INDUSTRY

Newspaper

11. BIRTHPLACE (City and state or country)

Mountainview, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Franklin Alonzo Wiggs

13b. MOTHER'S MAIDEN NAME

Eva Dean Sailor

14. NAME OF HUSBAND OR WIFE

Mrs. Hester Wiggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes World War I

16. SOCIAL SECURITY NO.

486-38-0959

17. INFORMANT

Mrs. Hester Wiggs, Lutesville, 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)

Acute circulatory failure

INTERVAL BETWEEN
ONSET AND DEATH

Acute

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Supraventricular tachycardia et auricular fibrillation

DUE TO (c)

Arteriosclerotic heart disease

Chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of rt kidney (operated). Metastasis rt lung (operated)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

none

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

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
Death occurred at

April 4, 1963
9:45 AM.

to April 7, 1963

and last saw him alive on April 7, 1963

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Lutesville Missouri

22c. DATE SIGNED

4-11-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

April 9, 1963

23c. NAME OF CEMETERY OR CREMATORY

Marble Hill Cem.

23d. LOCATION (City, town, or county)

Marble Hill, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Baker Funeral Home, Lutesville, Mo.

25. DATE RECD. BY LOCAL REG.

4/12/63

26. REGISTRAR'S SIGNATURE

Mrs Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS-300
Rev. 4/59

1 0090

2 0090

3

4 0

5 1

6

7 0

8 2

9 4200H

10

11

12 70-2

13 1-0

APR 24 1963

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 Edward A. Graham

Licensed Embalmer No. 5195

P. O. Address Lutesville 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.