

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37787

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 230

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Carthage, Mo.</u> | c. LENGTH OF STAY (in this place) <u>65 yrs.</u> | c. CITY OR TOWN <u>Carthage</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 Grant St.</u> | | STREET ADDRESS (If rural, give location) <u>615 Grant St.</u> <u>0490</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Phillis</u> c. (Last) <u>Wiggins</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1954</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>11-24-1869</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Phillis</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>P. N. Wiggins</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>P.N. Wiggins, Jr.</u> | ADDRESS <u>Dallas, Texas</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia with Coma</u> | | <u>3 days</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis, Chronic</u> DUE TO (c) <u>interstitial</u> | | | <u>5 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | | |

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| 19a. DATE OF OPERATION <u>No</u> | 19b. MAJOR FINDINGS OF OPERATION <u>592 x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from July, 1946, to Nov 19, 1954, that I last saw the deceased alive on Nov 18, 1954, and that death occurred at 12:55A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>George H. Wood</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Carthage Mo</u> | 23c. DATE SIGNED <u>11/19/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-20-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11-19-54</u> | REGISTRAR'S SIGNATURE <u>Emm Clinton</u> <u>139</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo.</u> | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County of the State of Tennessee
Date Filed NOV 24 1954

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..... *Robert H. Knell*

Licensed Embalmer No. *440*

P. O. Address *Carthage*

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.