

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 17 1956

State File No. **34804**  
43226  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u>		c. LENGTH OF STAY (in this place) <u>20-yrs.</u>	c. CITY OR TOWN <u>Princeton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>*****</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>0650</u> <u>*****</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rafe</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Wiggins</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>10 - 4 - 56</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-4-1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 12 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Wesley Wiggins</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Karns</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Wiggins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>488-40-8627</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Stella Wiggins-Princeton-Mo.</u>	ADDRESS
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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, asphyxia, 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>Presumably coronary occlusion</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Died in Sleep</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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.)	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 -----, 19\_\_\_\_, to -----, 19\_\_\_\_, that I last saw the deceased alive on -----, 19\_\_\_\_, and that death occurred about 2A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Douglas L. Reese M.D.</u> Acting Coroner	(Date of this)	23b. ADDRESS <u>Princeton Missouri</u>	23c. DATE SIGNED <u>10-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton-Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Princeton-Mo.</u>
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DATE REC'D BY LOCAL CRG. <u>10-8-56</u>	REGISTRAR'S SIGNATURE <u>Grace M. Martin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home-Princeton-Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side) by Grace M. Martin

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

930

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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 *James L. Greenlee*

Licensed Embalmer No. *396*

P. O. Address *Linnville*

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.