

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010404
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 140

300
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER <u>0495</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		Length of stay in 1b 48 YRS	d. STREET ADDRESS (If outside, give location) 3015 PICHER Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LELA Middle WIGENT Last WIGENT			4. DATE OF DEATH Month MAR Day 17 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 25, 1910	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) JOPLIN, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAKE CARPENTER	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE FRED WIGENT
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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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. PAUL STOTT, WEBB CITY Address
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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: IMMEDIATE CAUSE (a) Myocardial Stenosis & Regurgitation & Auricular Fibrillation & decompensation DUE TO (b) Rheumatic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypothyroidism		INTERVAL BETWEEN ONSET AND DEATH 2+ years 20 years	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 _____
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21. I attended the deceased from 4/1/58 to 3/17/58 and last saw her alive on 3/16/58
Death occurred at _____ a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. K. Weimer M.D. (Degree or title)	22b. ADDRESS 717 Fried Bldg. Joplin MO	22c. DATE SIGNED 3/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR 20, 1958	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM	23d. LOCATION (City, town, or county) (State) JOPLIN MO
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24. FUNERAL DIRECTOR HURLBUT GLOVER, JOPLIN ADDRESS	25. DATE RECD. BY LOCAL REG. 3-20-1958	26. REGISTRAR'S SIGNATURE DORRIS MERRIAM
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Wilson
Trumbull

County File Number 220
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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 Dale Gerren

Licensed Embalmer No. 4573

P. O. Address Joplin, 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.