

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41676**BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. CITY OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 80 yrs.		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 526 E. Main St.		f. STREET ADDRESS (If rural, give location) 526 E. Main St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CHARLES	b. (Middle) P.	c. (Last) WIGGINTON	(Month) December	(Day) 26,	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH October 5, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House painter & farmer		10b. KIND OF BUSINESS OR INDUSTRY Painting & farming	11. BIRTHPLACE (City and State or Foreign Country) Richmond, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin Wigginton	13b. MOTHER'S MAIDEN NAME Anna Branstetter	14. NAME OF HUSBAND OR WIFE _____
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mazie Patrick, Richmond, Mo.	ADDRESS Richmond, Mo.
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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, asthenia, 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) Coronary artery occlusion		1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis and hypertension DUE TO (c) _____		unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Left hemiplegia 4/20		3 yrs.	

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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct. 25, 1950**, to **Dec. 26, 1955**, that I last saw the deceased alive on **Dec. 26, 1955**, and that death occurred at **11:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Johnson	(Degree or title) MD	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 12/28/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Mo.

DATE REC'D BY LOCAL REG. Dec 29 - 1955	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home	ADDRESS Richmond, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

29th Dec

NOV 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, ~~XXXX~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No...45

P. O. Address Richmond,.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.