

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0007826

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 94

FILED MAR 8 1966

VS 300  
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

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ITEM NO. SHOULD READ

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Bonne Terre</u>   |  | Length of stay in 1b  | c. CITY OR TOWN <u>Flat River</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Bonne Terre,</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>213 Munger St.</u>   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Chester O. Wigger</u>  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>March 1, 1966</u>  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/18/1910</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Tree Trimmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Valley Mines, Mo</u>  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>Frank Wigger</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ruby (BLOOM) Wigger</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes WW # 2</u>   |  | 16. SOCIAL SECURITY NO.<br><u>498-09-7933</u>   | 17. INFORMANT<br><u>Ruby Wigger Flat River, Mo</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bacterial Septicemia</u><br>DUE TO (b) <u>Chronic Pyelonephritis &amp; Renal Calculi</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5- days</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Quadruplegia; sec to injury 9yr. ago.</u>   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. _____   |  | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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   |
| 21. I attended the deceased from <u>Jan '66</u> to <u>1-March '66</u> and last saw him alive on <u>1-March '66</u><br>Death occurred at <u>1-March 5:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Stanley Hardy, M.D.</u>  |  | 22b. ADDRESS<br><u>Desloge, Missouri</u>  | 22c. DATE SIGNED<br><u>2 Mar '66</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>3/2/66</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Whitewater Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Yount, Mo</u>  |
| 24. FUNERAL DIRECTOR<br><u>Murphy L. Sparks Flat River, Mo</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>Mar. 2, 1966</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ether Redloff</u>  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

MAR 15 1966  
MAR 10 1966

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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 Murphy Sparks

Licensed Embalmer No. 2424

P. O. Address Flat River, 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.