

1831-2-201-1-2

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS 4510 46

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

56977

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

| | | | | | |
|---|----------------------------------|---|---|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Panola | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Rusk | | |
| b. CITY (If outside corporate limits, write RURAL and give precinct no.) Carthage | | c. LENGTH OF STAY (in this place) 1 Hr. | c. CITY (If outside corporate limits, write RURAL and give precinct no.) Henderson | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Panola General Hospital | | | d. STREET ADDRESS (If rural, give location) 100 Tipps St. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles | | b. (Middle) W. | c. (Last) Wigley | 4. DATE OF DEATH October 28, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 2, 1898 | 9. AGE YEARS MONTHS DAYS 57 3 26 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Milling Company | | 11. BIRTHPLACE (State or foreign country) Zavalla, Texas | |
| 12. FATHER'S NAME A. J. Wigley | | | 13. MOTHER'S MAIDEN NAME Sarah Colwell | | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 15. SOCIAL SECURITY NO. | | 16. DECEASED'S SIGNATURE <i>Janiece Wigley</i> | |
| 17. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dissecting aneurysm of abdominal aorta</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 18a. DATE OF OPERATION | | | 18b. MAJOR FINDINGS OF OPERATION | | |
| 19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | TEXAS DEPARTMENT OF HEALTH REC'D DEC 6 1955 BUREAU OF VITAL STATISTICS | | |
| 20a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE) | |
| 20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. HOW DID INJURY OCCUR? | |
| 21. I hereby certify that I attended the deceased from <i>Oct 28, 1955</i> to <i>only</i> , 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at <i>9:28 p.m.</i> , from the causes and on the date stated above. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>W.C. Smith M.D.</i> | | | 22b. ADDRESS <i>Carthage Tex</i> | | 22c. DATE SIGNED <i>10/28/55</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Oct. 28, 1955 | | 23c. NAME OF CEMETERY OR CREMATORY Timpson Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Timpson, Texas | | 24. FUNERAL DIRECTOR'S SIGNATURE <i>Bree Crawford</i> A. Crim Funeral Home Billy Crawford 4672 | | | |
| 25a. REGISTRAR'S FILE NO. 649 | | 25b. DATE REC'D BY LOCAL REGISTRAR <i>Nov 7 1955</i> | | 25c. REGISTRAR'S SIGNATURE <i>W. Bernathy</i> | |

Citation:

"Texas, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GY1S-W9DQ?view=index> : Jun 6, 2025), image 322 of 3429;

Texas. State Registrar Office.

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