

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41173

FILED DEC 20 1948  
Registration District No. 501

Primary Registration District No. 6032

Registrar's No. 2355

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

91  
5

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Current River bank west of Courthouse  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 3 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Doniphan - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MORGAN ELMORE TRIGG

3. (b) If veteran. name war None

3. (c) Social Security No. 497-20-1596

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21  
year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie May Trigg

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased (Month) 3 (Day) 5 (Year) 1898

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years 50 Months 8 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Duration \_\_\_\_\_

Due to Heart Failure

Due to coronary obstruction

9. Birthplace Doniphan Mo. U  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation farming

11. Industry or business \_\_\_\_\_

12. Name William N. Trigg

13. Birthplace Simpson Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Cora Sullivan

15. Birthplace Doniphan Mo. U  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer Trigg

(b) Address University city Mo

17. (a) Burial (b) Date thereof 11-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director L.W. Edwards

(b) Address Doniphan Mo.

19. (a) 12-2-48 (b) E.B. Johnston  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) Coroner

Address Doniphan Mo. Date signed 12-1-48

RECEIVED 12-11-48  
District Health Officer No. 5,  
Number 1248725  
12-13-48  
Data File

VS NOV 16 1960

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Carl B. Bird  
Licensed Embalmer No. 4306  
P. O. Address Deniphan, 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 this body is not embalmed, fact should be so stated above.**