S. No. 300
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FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22210

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 38

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

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEAUVIOS TS.
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S STAR ROUTE 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEAUVIOS TS.
d. STREET ADDRESS (If rural, give location): STAR ROUTE. ST. MARY'S MO

3. NAME OF DECEASED (Type or Print)
a. (First): BENJIMAN
b. (Middle): MICHEAL
c. (Last): RIGDON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 22 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 28 1866
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RIVER AUX VASES MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES RIGDON
13b. MOTHER'S MAIDEN NAME: JOSEPHINE Kirchner
14. NAME OF HUSBAND OR WIFE: JOSEPHINE VOGT

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'S SIGNATURE OR NAME: Mrs Joseph Schweigert — ADDRESS: Ozora Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Dilatation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchio Pneumonia
DUE TO (c): Chronic Valvular Heart disease / Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Prostatitis

INTERVAL BETWEEN ONSET AND DEATH: 3 days
4222

19a. DATE OF OPERATION: NON
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NON m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NO

22. *I hereby certify that I attended the deceased from* June 18, 1949, *to* June 22, 1949, *that I last saw the deceased alive on* June 21, 1949, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Clapsaddle MD
23b. ADDRESS: Ste. Genevieve MO
23c. DATE SIGNED: June 23-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 25 1949
24c. NAME OF CEMETERY OR CREMATORY: ST PHILLIP & JAMES
24d. LOCATION (City, town, or county) (State): RIVER AUX VASES MO

DATE REC'D BY LOCAL REG.: June 25-49
REGISTRAR'S SIGNATURE: L. D. Karl for Teresa M. Karl
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Basler Ste. Genevieve Mo — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-27-49

District Health Officer No. 4

District File Number 649-834

Date Filed

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. 311

working under my personal supervision.

Student Adrian J. Ehle
Student Embalmer

Signed Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.