No. 300
10.48

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29545

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 319

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 423 North Louisana St.

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

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1876
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 11, Days 25 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Charles Quaid
13b. MOTHER'S MAIDEN NAME: Mary Neiland
14. NAME OF HUSBAND OR WIFE: Mr. J. A. Rigdon

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Mr. J. A. Rigdon — ADDRESS: Cape Girardeau, 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): Cerebral Apoplexy

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.
Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: 334A

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-18, 1949, *to* 9/23, 1949, *that I last saw the deceased alive on* 9/22, 1949, *and that death occurred at* 5:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mo
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 9/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 26, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

DATE REC'D BY LOCAL REG.: 9-23-1949
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Walther's Funeral Home — ADDRESS: Cape Gir., Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-26-49
District Health Officer No. 4
Registration Number 949-1
Date Filed

NOV 3 1951

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 .....
Student Embalmer

Signed William Lee Townsend

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.