

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7849

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5142		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Neelyville Twp		c. LENGTH OF STAY (In this place) 26 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville 0123			
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #67 U.S.				d. STREET ADDRESS (If rural, give location) Route No. 1 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Hulan		b. (Middle) Eugane		c. (Last) Rigdon	
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 7-22-23	
9. AGE (In years last birthday) 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Naylor, Missouri 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James A. Rigdon			13b. MOTHER'S MAIDEN NAME Verba Rigdon			14. NAME OF HUSBAND OR WIFE Deletha Nixon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 489 32 9457		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Rigdon Neelyville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Fractures DUE TO (c) Head on Collision of automobile II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. and Truck on State/Highway				INTERVAL BETWEEN ONSET AND DEATH 88/66 2/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION AD. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 67		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neelyville Butler Mo			
21d. TIME OF INJURY (Month) (Day) (Year) 3 12 50 p. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert Rice</i> 3 (Degree or title)				23b. ADDRESS Corning, Ark		23c. DATE SIGNED 3/14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-14-50		24c. NAME OF CEMETERY OR CREMATORY Corning, Ark		24d. LOCATION (City, town, or county) (State) Corning, Ark.	
DATE REC'D BY LOCAL REG. Mar 15-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson 428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leshie D. Russell Corning, Ark			

(Licensed Embalmer's Statement on Reverse Side)

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

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

APR 6 1950

350-134
MAR 20 1950

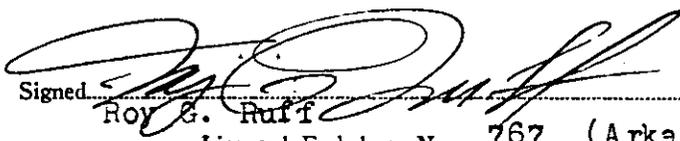
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXX~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Roy G. Ruff

Licensed Embalmer No. 767 (Arkansas)

P. O. Address Corning, Ark.

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.