

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13220

State File No. 1717

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1717</u>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>24 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>432 Gregory Blvd.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>		b. (Middle) <b>May</b>		c. (Last) <b>Riggins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 11, 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Jan. 23, 1866</b>		
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John W. Juett</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Squires</b>			14. NAME OF HUSBAND OR WIFE <b>James E. Riggins</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles T. Ballew, 432 W. Gregory Blvd.</b>			
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) <b>Shock secondary to scalding burn of feet. vomiting, low BP - Dyspnea.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis - BP 200/100 (1946)</b> DUE TO (c) <b>Age 84.</b> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <b>None</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>None</b> <b>4 yrs.</b>	
19a. DATE OF OPERATION. <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Burn of Feet</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Residence</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City (Mo) Jackson Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr. 8 1950</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hot water in bath tub could not be turned off.</b>				
22. I hereby certify that I attended the deceased from <b>5-7-50</b> , 19 <b>50</b> , to <b>4-11</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>7-10</b> , 19 <b>50</b> , and that death occurred at <b>4:11 PM.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>W. A. Myers</b> (Degree or title)				23b. ADDRESS <b>1115 Grand Kansas City</b>		23c. DATE SIGNED <b>4-11-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>4-13-50</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Clarksville, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-12-50</b>				REGISTRAR'S SIGNATURE <b>W. A. Myers</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Missouri</b>		

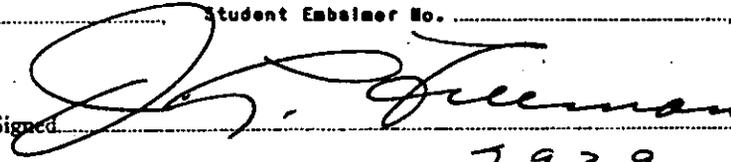
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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  .....

Licensed Embalmer No. 2939

P. O. Address J. C. 240

**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.