

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19666

State File No.

BIRTH NO. REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5224 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Mt Pleasant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt. Pleasant</u>	
c. LENGTH OF STAY (In this place) <u>18 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3/4 mile north Belton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3/4 mile north Belton</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>CLAUDE</u>	b. (Middle) <u>CLARENCE</u>		c. (Last) <u>RIGG</u>		7-1-1950
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>9-10-1888</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>train conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Cameron, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Helen H. Rigg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>No</u>		16. SOCIAL SECURITY NO. <u>709-14-2960</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen H. Rigg Belton, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES		3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		7	
DUE TO (b) <u>arterio-sclerosis</u>		DUE TO (c)		331X	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-1-7, 1950, to 7-1, 1950, that I last saw the deceased alive on 7-1, 1950, and that death occurred at 6:40 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. McKee, D.O.</u> (Degree or title)		23b. ADDRESS <u>Belton, Mo.</u>		23c. DATE SIGNED <u>7-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>July 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. GEORGE & SONS Belton, Mo.</u>	
Licensed Embalmer's Statement on Reverse Side <u>by R.E. Aarav</u>	

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

0190

AUG 7 1950

RECEIVED
JUL 8 1950
HEALTH DEPARTMENT

JUL 12 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.