

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29866

State File No. \_\_\_\_\_

9-15-50

REG. DIST. NO. ~~122~~ 93

PRIMARY REG. DIST. NO. 5339 Registrar's No. 45

0290

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

BIRTH NO. _____		REG. DIST. NO. <del>122</del> 93		PRIMARY REG. DIST. NO. 5339		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Southwest Everton 4 mi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southwest of Everton 4 mi</u>				d. STREET ADDRESS (If rural, give location) <u>Southwest Everton 4 Mi</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louela</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Riggs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-50</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1879-5-7</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clint Riggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clint Riggs</u> ADDRESS <u>Everton, Mo</u>			
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) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH           <u>33X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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 <u>July 1944</u> , to <u>Aug 23, 1950</u> , that I last saw the deceased alive on <u>Aug 23, 1950</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.F. Steyer</u>		(Degree or title) <u>Do. 2</u>		23b. ADDRESS <u>Oak Grove, Mo</u>		23c. DATE SIGNED <u>8/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ray Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-15-50</u>		REGISTRAR'S SIGNATURE <u>Sec L. Heiser 79</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marie Leman, R. H. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 18 1950

Dist. File 950-1944

Date Filed 9-23-50

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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.

Signed: \_\_\_\_\_

*Paul W. Lundy*

Signed.....

Student Embalmer

Licensed Embalmer No. 4719

P. O. Address Ash Grove, 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.