

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39667

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>6264</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Reeche Hazelwood</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Seymour Mo. Rt 3</u>		OR TOWN _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED a. (First) <u>Seth</u>			b. (Middle) <u>David</u>		c. (Last) <u>Riggs</u>		4. DATE OF DEATH. (Month) (Day) (Year) <u>Oct 24 1950</u>		
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>Sept. 30, 1905</u>		9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR Months Days IF UNDER 21 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Douglas Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Alvin Riggs</u>			13b. MOTHER'S MAIDEN NAME <u>Bertie Wells</u>			14. NAME OF SPOUSAL OR WIFE <u>Erene Riggs</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. <u>491-052765</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Erene Riggs</u>			ADDRESS <u>Seymour Mo Rt 3</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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Metastases & perforation sigmoid</u>				<u>8 day</u>	
				DUE TO (c) <u>peritonitis</u>				<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>153X</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>Nov 15, 1945</u> , to <u>Oct 24, 1950</u> that I last saw the deceased alive on <u>Oct 23, 1950</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. K. Gill</u> (Degree or title) _____						23b. ADDRESS <u>Seymour</u>		23c. DATE SIGNED <u>10/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>		24d. LOCATION (City, town, or county) (State) <u>Seymour Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-1-1950</u>		REGISTRAR'S SIGNATURE <u>Hilbert Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nellay Jewell Bergman</u>		ADDRESS <u>Seymour Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED NOV 4 1950

Dist. File 1150-2236

Date Filed 11-15-50

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 _____

Don Fenech

Student Embalmer No. 397

working under my personal supervision.

Student Don Starnell
Student Embalmer

Signed K. K. Kelley
Licensed Embalmer No. 3334

P. O. Address Jardland 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.