

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. **5098**
Registrar's No. **42**

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. 5098		Registrar's No. 42					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			c. LENGTH OF STAY (in this place) 4 Years			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			0493				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1025 Poplar St.,				d. STREET ADDRESS (If rural, give location) 1025 Poplar St.,									
3. NAME OF DECEASED (Type or Print) Jessie		a. (First)		b. (Middle) R.		c. (Last) RIGGS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1951					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 9, 1876		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY ---				11. BIRTHPLACE (State or foreign country) Dunlap, Iowa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Weed				13b. MOTHER'S MAIDEN NAME _____				14. NAME OF HUSBAND OR WIFE A.B. Riggs					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. B. Riggs Carthage, Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastasis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 170X								INTERVAL BETWEEN ONSET AND DEATH 1 year			
19a. DATE OF OPERATION 3/28/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 Mar 18, 1950 , to Feb 15, 1951 , that I last saw the deceased alive on Feb 11, 1951 , and that death occurred at 6:00 P. M. , from the causes and on the date stated above.													
23a. SIGNATURE George H. Wood M.D. (Degree or title)				23b. ADDRESS Carthage Mo				23c. DATE SIGNED Feb 16 '51					
24a. BURIAL, CREMATION, REMOVAL (Specify) (1) Burial		24b. DATE 2-19-51		24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		24d. LOCATION (City, town, or county) (State) N. of Carthage, Mo.							
DATE REC'D BY LOCAL REG. 2-17-51		REGISTRAR'S SIGNATURE [Signature] 139				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.							

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

Lead 493

RECEIVED 2-20-51
Jasper County Health Office

County File Number 51-2-145

Date Filed 2-20-51

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Licensed Embalmer No. 4194

P. O. Address _____

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 stated above.