

S. No. 300  
v. 10.48

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27565

582

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 64

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>  |   |
| c. LENGTH OF STAY (in this place) <u>75 yrs</u>  |   | d. STREET ADDRESS (If rural, give location) <u>607 West Dake Street</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 West Dake Street</u>  |   |   |   |
| 3. NAME OF DECEASED<br>a. (First) <u>VIOLA</u> b. (Middle) <u>TRIGGS</u> c. (Last)   |   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1951</u>                          |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u>                           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NM</u>  | 8. DATE OF BIRTH <u>May 24, 1876</u>  |
| 9. AGE (In years last birthday) <u>75</u>  |   | IF UNDER 1 YEAR Months  | IF UNDER 6 HRS. Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Private home</u>   | 11. BIRTHPLACE (State or foreign country) <u>Brookfield, Missouri</u>                 |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>  |   |   |   |
| 13a. FATHER'S NAME <u>J. W. Triggs</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stains</u>   | 14. NAME OF HUSBAND OR WIFE   |
| 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 ADDRESS <u>Mrs. Florence Bundy, Brookfield, Mo.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                            |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Memoria</u><br>ANTECEDENT CAUSES DUE TO (b) <u>Chronic Nephritis</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>General Atherosclerosis</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION <u>446x</u>  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)   |   | 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>Aug 4, 1951</u> , to <u>Aug 18, 1951</u> , that I last saw the deceased alive on <u>Aug 18, 1951</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE <u>Roy Staley</u> (Degree or title) <u>M.D.</u>   |   | 23b. ADDRESS <u>Brookfield, Mo.</u>   | 23c. DATE SIGNED <u>8-20-51</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>Aug. 21, 1951</u>                      | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>   | 24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>                  |
| DATE REC'D BY LOCAL REG. <u>8-21-51</u>  | REGISTRAR'S SIGNATURE <u>J. B. Lewis</u> <u>187</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>  |   |

Date Received: **AUG 27 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *8-57-1501*  
Date Filed: **AUG 27 1951**

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Harold B. Wright*

Signed.....

Student Embalmer

Licensed Embalmer No. 3718

P. O. Address.....

Brookfield, 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.