

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1458

FILED FEB 9 1952

State File No.

418

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 5mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Campbell Conv. Home K.C. Mo		d. STREET ADDRESS (If rural, give location) 1206 N. Osage	

3. NAME OF DECEASED (Type or Print) a. (First) **MISS. ALEY** b. (Middle) **EDNA** c. (Last) **RIGG**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 25, 1952

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **Sept. 14, 1875** 9. AGE (In years last birthday) **76** 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) ----- 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (State or foreign country) **Knoxville, Iowa** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Mr. David Rigg** 13b. MOTHER'S MAIDEN NAME **Mary Laughlin** 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) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Flora Rigg** ADDRESS **Indep, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Cardio Vascular Disease**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) -----

DUE TO (c) -----

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Cerebral Hemorrhage with left hemiplegia**

INTERVAL BETWEEN ONSET AND DEATH **443X**

19a. DATE OF OPERATION ----- 19b. MAJOR FINDINGS OF OPERATION ----- 20. AUTOPSY? YES NO

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? NOT WHILE AT WORK? 21f. HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from **Aug 8, 1951** to **Aug 27, 1951** that I last saw the deceased alive on **Aug 27, 1951**, and that death occurred at **9:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **E. B. Holton** (Degree or title) **M.D.** 23b. ADDRESS **310 S. Main, Independence, Mo.** 23c. DATE SIGNED **1/26/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan. 27, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Greenton** 24d. LOCATION (City, town, or county) (State) **N.E. of Odessa, Mo.**

DATE REC'D BY LOCAL REG. **1-27-52** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **W. Mitchell** ADDRESS **Indep, Mo.**

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

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 me

working under my personal supervision.

Student Embalmer No.

Signed

Henry J. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Indes, 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.