

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12480

FILED MAY 7 - 1952

REG. DIST. NO. 99

PRIMARY REG. DIST. NO. 3377

Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Dekalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Dekalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville, Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville Camden TWP, 03201</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Home, 3, Mi, North of town</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Warren RIGGS</b> c. (Last) <b>Riggs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 30 52</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>2-20-1884</b>	9. AGE (In years, last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Mo,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Mathew Riggs</b>		13b. MOTHER'S MAIDEN NAME <b>Ann ones</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY XXX X NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lawrence Riggs Maysville Mo</b>	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Minute)	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 1945, to April 30, 1952, that I last saw the deceased alive on April 29 1952, and that death occurred at 5:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>Sproul Fowler</b> (Degree or title)		23b. ADDRESS <b>Maysville, Mo</b>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-3-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Maysville 0</b>	

DATE REC'D BY LOCAL REG. <b>5-6-52</b>	REGISTRAR'S SIGNATURE <b>Roscoe Davidson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Brown</b> ADDRESS <b>Maysville Mo</b>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

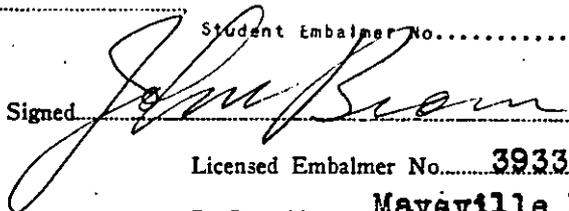
MAY 22 1959

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.

Signed.....  
Student Embalmer

Signed .....  
Student Embalmer No.....  
Licensed Embalmer No. **3933**.....  
P. O. Address **Mayeville 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.