

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27479**

SEP 3 - 1952

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **53**

0230

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

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Clark	
b. CITY OR TOWN Kahuka	c. LENGTH OF STAY (in this place) 8 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Kahuka 0230	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Max	c. (Last) Riggs	4. DATE OF DEATH (Month) (Day) (Year) Aug. 28 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH July 22-1881	9. AGE (In years) (Months) (Days) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor	11. BIRTHPLACE (City and State or Foreign Country) Winchester, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME James Milton Riggs	13b. MOTHER'S MAIDEN NAME Elizabeth Berry	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J. H. Riggs	ADDRESS Winchester
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornway heart 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Perry S. Boston	(Degree or title) Coroner	23b. ADDRESS Kahuka, Mo.	23c. DATE SIGNED 8-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 31-52	24c. NAME OF CEMETERY OR CREMATORY Winchester Cem.	24d. LOCATION (City, town, or county) (State) Winchester Ill.
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DATE REC'D BY LOCAL REG. 8/30-52	REGISTRAR'S SIGNATURE J. H. Riggs	25. FUNERAL DIRECTOR'S SIGNATURE Puttina Tucker	ADDRESS Kahuka Mo.
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00117

JAN 29 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Otis L. Lutting

Licensed Embalmer No. 2965

P. O. Address Lurray 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.