

No. 000
10. FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27593

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5380 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale, Wash, Trwp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale, Rural, Washington	
c. LENGTH OF STAY (in this place) 6 Mo.		d. STREET ADDRESS (If rural, give location) 3 Miles west of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Harrison	c. (Last) Riggs	4. DATE OF DEATH (Month) (Day) (Year) 8- 23 52
-------------------------------------	--------------------	----------------------	-----------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec, 4, 1872	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months 7	11. UNDER 4 HRS. Days 19
-------------	------------------------	--	-------------------------------	------------------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	-----------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Cora 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. XXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Loren Riggs	ADDRESS Clarksdale Mo
---	----------------------------------	---	-----------------------

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 5 yrs?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syndrome 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 442X	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) m.	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 Feb, 1952, to Aug 23, 1952, that I last saw the deceased alive on Aug 23, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Fowler	23b. ADDRESS Mayville Mo	23c. DATE SIGNED 8-24-52
--	--------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-26-52	24c. NAME OF CEMETERY OR CREMATORY Capioma	24d. LOCATION (City, town, or county) (State) Capioma Kans.
---	-------------------	--	---

DATE REC'D BY LOCAL REG. 9-2-52	REGISTRAR'S SIGNATURE (Signature)	25. GENERAL DIRECTOR'S SIGNATURE (Signature)	ADDRESS Mayville Mo
---------------------------------	-----------------------------------	--	---------------------

(Licensed Embalmer's Statement on Reverse Side)

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

320

0320

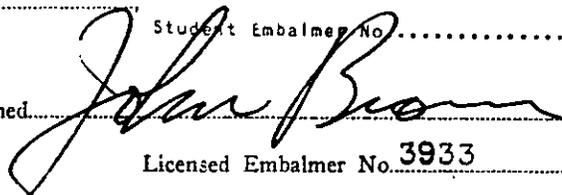
5

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 No.....

Licensed Embalmer No. 3933

Signed.....
Student Embalmer

P. O. Address Maysville 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.