

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31952

State File No. _____

FILED OCT 11 1952

No. 300
v. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>377</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence, Mo.</u>		c. LENGTH OF STAY (In this place) <u>12 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Long Beach</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1416 W. 28 St Terr.</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELSIE L. Riggs</u>			b. (Middle) <u>CRAIG</u>			c. (Last)			
4. DATE OF DEATH <u>9/21/52</u>			4. DATE (Month) (Day) (Year)						
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/15/1886</u>			
9. AGE (In years, Months, Days) <u>66</u>		IF UNDER 1 YEAR <u>1</u>		IF UNDER 1 YEAR <u>6</u>		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Olivet, Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Robert Henry Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Malindia Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde M. Craig</u>		
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 <u>Clyde M. Craig, Independence, Mo.</u>				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No System Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia. Congestive heart failure</u>				20. AUTOPSY? <u>201X</u>				YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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>July 10, 1952</u> , to <u>Sept 21, 1952</u> , that I last saw the deceased alive on <u>Sept 19, 1952</u> , and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Earl M Davis M.D.</u>				23b. ADDRESS <u>11 Raytown Mo</u>		23c. DATE SIGNED <u>9/21/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Las Animas, Colorado</u>		24d. LOCATION (City, town, or county) (State) <u>Las Animas, Colorado</u>			
DATE REC'D BY LOCAL REG. <u>9-22-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George C. Carson</u>				ADDRESS <u>Funeral Home, Indep. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—5-5-55

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 *Harold E. Kunkel* _____

Licensed Embalmer No. *4609* _____

P. O. Address *Indep. 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.