

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37946**

FILED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5206** Registrar's No. **103**

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer, rural, Fairfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer, rural, Davis 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Etta b. (Middle) Riggle c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH May 5, 1878	9. AGE (in years last birthday) 78yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Braymer, Missouri U	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Edd H. Else	13b. MOTHER'S MAIDEN NAME Sarah Ann Harding	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Mrs Edd McBee	ADDRESS B raymer, Missch
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Do not know except she was congested with illness for 2 or 3 weeks		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mental Conditions unfavorable DUE TO (c) I do not know		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I do not know			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operations	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) (Min.)	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 **Nov 20, 1952**, to **Nov 29, 1952**, that I last saw the deceased alive on **Nov 23, 1952**, and that death occurred at **3:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE Mrs. Moore	(Degree or title) MD	23b. ADDRESS Ludlow, Missouri	23c. DATE SIGNED 11/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-24-52	24c. NAME OF CEMETERY OR CREMATORY Black Oak Cem.	24d. LOCATION (City, town, or county) (State) Braymer, Mo
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DATE REC'D BY LOCAL REG. 11/24/52	REGISTRAR'S SIGNATURE Mr. Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE Mead's Funeral Service	ADDRESS Braymer, Mo
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Handwritten notes at the top of the page, possibly identifying the deceased or the location of the body.

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 *Bernard J. Mead*
Student Embalmer No.
Licensed Embalmer No. 2801
P. O. Address Braymer, 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.