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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42949**

JAN 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>911 No. College St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Elmer J. Riggle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 13, 1896</u>	
9. AGE (In years) (If under 1 year last birthday) (If under 12 mos. last birthday) <u>56</u>		9. AGE (In years) (If under 1 year last birthday) (If under 12 mos. last birthday) <u>76</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Basket Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Price Box Mfg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rockville Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Heber Edward Riggle</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Amanda Chamberlain</u>	14. NAME OF HUSBAND OR WIFE <u>Maria Riggle</u>
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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) <u>no</u>	16. SOCIAL SECURITY <u>495-07-5839</u>	17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Darrell Riggle, Neosho Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and Thrombosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mytrial Stenosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	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) m.	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 Dec 25, 1952, to Dec 27, 1952, that I last saw the deceased alive on Dec 27, 1952, and that death occurred at 12:05A, from the causes and on the date stated above.

23a. SIGNATURE <u>Melvin M. Cullough</u>	23b. ADDRESS <u>Law. Bk Bldg. Neosho Mo</u>	23c. DATE SIGNED <u>1/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neosho I.O.P.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7, 1953</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson Sr.</u>	ADDRESS <u>Neosho Mo.</u>
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(License Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 1252-304

Date Filed 1-7-53

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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. 474

working under my personal supervision.

Student Ray Adams  
Student Embalmer

Signed Carly Thompson  
Licensed Embalmer No. 48610

P. O. Address Neosho, 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.