

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **997**

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5-444</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Evona</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Evona Albany</u>		<u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Fred.</u>		b. (Middle) <u>Clarence</u>		c. (Last) <u>Rigney</u>	
4. DATE OF DEATH		4. DATE OF DEATH		4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Whiten</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 12, 1882</u>	
9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James M. Rigney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hamilton</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martha Emmons Albany, Mo.</u>			
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>Arterial hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Diabetes mellitus + ch. Nephritis 15 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>years.</u> <u>2 hours.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x</u>				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)	
21d. TIME OF INJURY		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>1935</u> , to <u>1-14-1953</u> , that I last saw the deceased alive on <u>9 P.</u> , 19 <u>53</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank R. A. Rose, M.D.</u>				23b. ADDRESS <u>Albany, Mo.</u>		23c. DATE SIGNED <u>1-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>		24d. LOCATION (City, town, or county) (State) <u>Albany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14 53</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiffort Brook</u>		ADDRESS <u>Albany Mo</u>	

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

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.