

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14459

State File No.

FILED MAY 13 1953

2267

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2267

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>60 yrs.</u>		4. STREET ADDRESS (If rural, give location) <u>2806 Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vineyard Park Hospital</u>			
3. NAME OF DECEASED a. (First) <u>JOSEPH</u> (Type or Print)		b. (Middle) <u>CONNELL</u>	
c. (Last) <u>RIGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-28-1953</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>AUG-5-1889</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Fitter</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Local 533</u>		11. BIRTHPLACE (State or foreign country) <u>Hallsville, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James W. Riggs</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Province</u>	
14. NAME OF HUSBAND OR WIFE <u>Edith M. Riggs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>486-05-5830</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NVNA PEERY-2221 LISTER</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyberic obstruction of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gastro ulcer</u> DUE TO (c) _____ 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>30 days</u> <u>1 yr</u> <u>5400</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>gastro enterostomy 4-22-53</u>		20.
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 <u>Jan 1, 1953</u> to <u>Apr. 28, 1953</u> , that I last saw the deceased alive on <u>Apr. 2-19-53</u> and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. G. Sheldon</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>922 Walnut St. Mo. 4-28-53</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-30-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman</u> ADDRESS <u>Inc. K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

W.C. Rinne

Licensed Embalmer No.

4879

P. O. Address

Kansas City, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.