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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. 15269

FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-96-8 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL (CARROLL TWP.)		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 7800	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3226 WALLACE 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6 MI. E. OF PLATTE CITY			

3. NAME OF DECEASED (Type or Print) GEORGE DONALD RIGGLEMAN			4. DATE OF DEATH (Month) (Day) (Year) MAY 10, 1953			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 10, 1934	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ESKER H. RIGGLEMAN	13b. MOTHER'S MAIDEN NAME ERMA A. MCGEE	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-38-7061	17. INFORMANT'S SIGNATURE OR NAME ESKER H. RIGGLEMAN	ADDRESS 3226 WALLACE, KANSAS CITY, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKULL FRACTURE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AUTO ACCIDENT			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CARROLL TWP. PLATTE MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Roland M. Geffee, Coroner	(Degree or title)	23b. ADDRESS Platte City, Mo.	23c. DATE SIGNED 5-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5-11-53	24c. NAME OF CEMETERY OR CREMATORY ELKINS CEMETERY	24d. LOCATION (City, town, or county) (State) ELKINS, WEST VIRGINIA
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DATE REC'D BY LOCAL REG. 6-11-53	REGISTRAR'S SIGNATURE Alpha Rollins	257-	25. FUNERAL DIRECTOR'S SIGNATURE Rollins Mitchell, Platte City, Mo.	ADDRESS
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MAY 13 1961

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 Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.