

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4063

17235

State File No.

FILED JUN 8 1953

BIRTH NO. REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Caldwell 0130</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u> 0130	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Rigdon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-26-1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-5-1896</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Door Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hawks Motor Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centerville S. Dak.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Frank J. Epple</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie M. Broderick</u>		14. NAME OF HUSBAND OR WIFE <u>Dean Rigdon</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 NO. <u>495-099194</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dean Rigdon</u> ADDRESS <u>Hamilton Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH, <u>3 mo</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma (Disseminated)</u>				11 mo +	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Primary in Mastoid</u> Left					
		DUE TO (c) <u>160K</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>8/152</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma extending into Temporal Bone Left.</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)		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 July 1, 1952, to May 26, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert R. Birch M.D.</u>		23b. ADDRESS <u>Hamilton Mo</u>		23c. DATE SIGNED <u>5/27/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton MO</u>	
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DATE REC'D BY LOCAL REG. <u>Jun 3-53</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Funeral Home</u> ADDRESS <u>Hamilton</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1954

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

R. Lester Bras

Licensed Embalmer No. *4472*

P. O. Address *Hamilton 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.