

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27891

State File No. _____

FILED AUG 19 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellsinore</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldie</u> b. (Middle) <u>Maie</u> c. (Last) <u>Riggins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 19 1924</u>	9. AGE (in years last birthday) <u>28</u>	10. WHEN BORN (Month) (Day) (Year) <u>1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Mo. U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>N.R. Farmer</u>			
13b. MOTHER'S MAIDEN NAME <u>Iva Fern Cren</u>		13c. NAME OF HUSBAND OR WIFE, <u>Sam Riggins</u>			

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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Riggins</u>		ADDRESS <u>Ellsinore Mo</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Liver</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 July 29, 1953, to August 6, 1953, that I last saw the deceased alive on August 6, 1953, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Hemmickson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>8-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>	24d. LOCATION (City, town, or county) (State) <u>Hunter Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/13/53</u>	REGISTRAR'S SIGNATURE <u>H. A. Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Peritt Van Buren</u>	ADDRESS <u>Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

AUG 17 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

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

Seaton Powell

Licensed Embalmer No.

2287

P. O. Address

Van Buren

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.