

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7816**

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **335**

1. PLACE OF DEATH
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.)
a. STATE **Missouri**
b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township)
St. Joseph

c. CITY OR TOWN
Agency

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
St. Joseph's Hospital

e. STREET ADDRESS (If rural, give location)
Rural Marion RR #1 0110

3. NAME OF DECEASED
a. (First) **AUGUST**
b. (Middle) **RIGA**
c. (Last) **RIGA**

4. DATE OF DEATH
(Month) **3** (Day) **24** (Year) **1954**

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
5-5-1973

9. AGE (In years last birthday) **80**
IF UNDER 1 YEAR: Months **0** Days **0**
IF UNDER 14 HRS: Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work for the greater part of working life, even if retired)
Butcher

10b. KIND OF BUSINESS OR INDUSTRY
Swift & Co.

11. BIRTHPLACE (City and State or Foreign Country)
Posen, Germany

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
John Riga

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Augusta Riga (di)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) **No**

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Anthoni Riga, Agency, Missouri, RR #1

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) **Myocardial Infarction**
ANTECEDENT CAUSES
DUE TO (b) **Coronary Occlusion**
Generalized Arteriosclerosis
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
Ukn.
Ukn.
"

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

20. AUTOPSY?
YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-23**, 19 **51** to **3-24**, 19 **54**, that I last saw the deceased alive on **3-24**, 19 **54** and that death occurred at **11:00A.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Allen W. Slaney M.D.

23b. ADDRESS
Tootle Building St. Joseph, Mo.

23c. DATE SIGNED
3-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
3-26-1954

24c. NAME OF CEMETERY OR CREMATORY
Mt. Olive

24d. LOCATION (City, town, or county) (State)
St. Joseph, Mo.

DATE REC'D BY LOCAL REG.
Mar 29, 1954

REGISTRAR'S SIGNATURE
Leather M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Bluch Rupp St. Joseph, Mo.

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed.....
Ellen E. Bazen

Licensed Embalmer No. *479*

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.