No. 300
10-48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1955

State File No. 492

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 3011 Registrar's No. 7

**1. PLACE OF DEATH**
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (In this place): 19yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 South Main St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): N.W. Part of Carroll County.

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Worick
c. (Last): Riggle

**4. DATE OF DEATH** (Month) 1- (Day) 16- (Year) 55

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 3 1893
**9. AGE** (In years last birthday): 61 — IF UNDER 1 YEAR: Months 11 Days 13 — IF UNDER 24 HRS.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Braymer Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John W. Riggle
**13b. MOTHER'S MAIDEN NAME**: Mary Quiggle
**14. NAME OF HUSBAND/OR WIFE**: TinaLL Riggle

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 499-10-2291
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs Tina Riggle(Carrollton Mo.)

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 442X
**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) m.
**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* _____, 1952, *to* Jan 16, 1955, *that I last saw the deceased alive on* Jan 16, 1955, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** John H. Plotz (Degree or title) O MD
**23b. ADDRESS** 303 N. Main St, Carrollton Mo
**23c. DATE SIGNED** 1-18-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE** 1-18-55
**24c. NAME OF CEMETERY OR CREMATORY**: Plymouth Cemetery.
**24d. LOCATION** (City, town, or county) (State): N.W. Part of County MO.

DATE REC'D BY LOCAL REG. 1-18-55
REGISTRAR'S SIGNATURE Mrs. Herbert Calvert
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Marshall F. Home(Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN. 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.