No. 300
10.48

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23104

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Braggadocio
c. LENGTH OF STAY (In this place): 9 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 Bragg City, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Braggadocio
d. STREET ADDRESS (If rural, give location): Rt. 1 Bragg City, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): LEE
c. (Last): RIGGS

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1955

5. SEX: FeMale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 9, 1944
9. AGE (In years last birthday): 10 — 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): School girl
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Ridgley, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Barney Riggs
13b. MOTHER'S MAIDEN NAME: Pauline James
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Barney Riggs, Rt. 1 Bragg City, 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) Strangulation — 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) _____

9360
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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
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Braggadocio (COUNTY) Pemiscot (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-7-55 3:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Playing + strangulated self with belt

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* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John H. German Coroner
23b. ADDRESS: Hayti, Mo
23c. DATE SIGNED: 7-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9, 1955
24c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: 7-11-55
REGISTRAR'S SIGNATURE: John W. German 406-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H. S. Smith Funeral Home, Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

7-20 7-55

JUL 25 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.