

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26436**

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3427**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)	c. LENGTH OF STAY (in this place) UNK	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			
• STREET ADDRESS 2215 Flora Avenue		8370	

3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle)		c. (Last) Riggs		4. DATE OF DEATH (Month) (Day) (Year) 8 1 1955	
5. SEX female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-4-1857?		9. AGE (in years last birthday) 98?	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tennessee		12. CITIZEN OF WHAT COUNTRY? America	
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13a. FATHER'S NAME UNK.		13b. MOTHER'S MAIDEN NAME UNK.		14. NAME OF HUSBAND OR WIFE UNK.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT'S SIGNATURE OR NAME UNK. ADDRESS Wynn's Rest Home, 2215 Flora Ave.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Heat Prostation.		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Senility.		9319 464	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **7-30-55**, 19**55**, to **8-1-55**, 19**55**, that I last saw the deceased alive on **8-1-55**, 19**55**, and that death occurred at **12:20 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Anatomical Dept. [Signature]</i> (Degree or title) MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 8-2-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/6/55		24c. NAME OF CEMETERY OR CREMATORY K.C. College of Osteo. K.C. Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 8-6-55		REGISTRAR'S SIGNATURE <i>vera minshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS 1872 Oak	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD E. Frank Ellis

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.....
Lawrence A. Jones

Licensed Embalmer No.....
P. O. Address *2300 Ea*

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.