

FILED OCT 3-1955

STANDARD CERTIFICATE OF DEATH

State File No. 30229

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. MAIN ST.		STREET ADDRESS (If rural, give location) W. CALDWELL ST.	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) EDGAR	c. (Last) RIGG	4. DATE OF DEATH (Month) (Day) (Year) SEPT 30, 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 29, 1875
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY CAFE	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME JAS. L. RIGG	13b. MOTHER'S MAIDEN NAME ELLEN FOSTER	14. NAME OF HUSBAND OR WIFE EDNA RIGG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 486-38-576	17. INFORMANT'S SIGNATURE OR NAME MRS. EDGAR RIGG	ADDRESS PARIS, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 20 MIN
	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. 4201		

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) _____	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 **Sept 29, 1955** to **Sept 30, 1955**, that I last saw the deceased alive on **Sept 30, 1955**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Mrs. M. P. ...	(Degree or title) _____	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 9-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-2-55	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 10-1-55	REGISTRAR'S SIGNATURE F. A. Barnett	435- 0	25. FEDERAL DIRECTOR'S SIGNATURE Speed Blakey	ADDRESS PARIS, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

5640 3

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..... *E. H. Ognew*

Licensed Embalmer No. *400*

P. O. Address *PARIS, MISSOURI*

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.