

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33856

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>5601</u>		Registrar's No. <u>1-08</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camdenton,</u>			
b. CITY (If outside corporate limits, give RURAL, and give OR <u>Warrensburg Township, Johnson Co. Mo.</u> TOWN <u>Rural, Johnson Co. Mo.</u>)		c. LENGTH OF STAY (in this place) <u>1 hour</u>		c. CITY OR TOWN <u>Camdenton, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>No</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Highway #50, Johnson Co. Mo.</u>				f. STREET ADDRESS (If rural, give location) <u>Rural, Camdenton, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u>		b. (Middle) <u>DENNIS</u>		c. (Last) <u>RIGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 14, 1955</u>	
5. SEX <u>Male</u>		16. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 23rd, 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child Non e</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child Non e</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eldridge, Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Issac Riggs,</u>			13b. MOTHER'S MAIDEN NAME <u>Ruby Lois Moore,</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles Riggs, Camdenton, Missouri</u>			
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) <u>Head and Chest Injuries,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident,</u> 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>HOMICIDE Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 50,</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Johnson County, Missouri</u> (COUNTY) (STATE)			
21d. TIME OF INJURY <u>10-14-55 1:15A.M. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident,</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>10-14-</u> , 19 <u>55</u> , that I last saw the deceased <u>alive on 10-14-</u> , 19 <u>55</u> , and that death occurred at <u>1:15A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Paulins (Coroner, M.D.)</u>				23b. ADDRESS <u>Holden, Missouri</u>		23c. DATE SIGNED <u>10-14-1955</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>10-16-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Camdenton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah Crutcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.A. Brauning, Warrensburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

