

FILED JUN 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22084

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No.

5786

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2209 2534 Dodier St. 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Riggs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 29, 1908</u>		9. AGE (In years last birthday) <u>47</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Company</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Fred Riggs</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Foster</u>			14. NAME OF HUSBAND OR WIFE <u>Marie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no no</u>			16. SOCIAL SECURITY NO. <u>490-09-4516</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Riggs</u>			ADDRESS <u>2534 Dodier St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Failure & Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhagic Gastritis</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Subtotal Gastrectomy no 55</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <u>581.0</u>		(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 <u>Aug, 1955</u> to <u>Jun 15, 1956</u> , that I last saw the deceased alive on <u>Jun 15, 1956</u> and that death occurred at <u>12:00 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Arthur R. Dalton MD</u>				(Degree or title) _____		23b. ADDRESS <u>453 N. Paylor</u>		23c. DATE SIGNED <u>Jun 16/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUN 18 1956</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Tanner, Funeral Home, Jefferson City, Mo.</u>				

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

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 *John Benkle*.....
Licensed Embalmer No. *3653*.....
P. O. Address *St. Louis 8*.....

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.