

S. No. 300  
V. 10.48

FILED JUN 12 1957

STANDARD CERTIFICATE OF DEATH

'57 State File No. 17868

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 3040 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (In this city) <u>2 days</u>	c. CITY OR TOWN <u>Meadville</u> 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 <u>Chillicothe Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0580</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>	b. (Middle) <u>William</u>	c. (Last) <u>Riggle</u>	4. DATE OF DEATH (Month) <u>57</u> (Day) <u>28</u> (Year) <u>1957</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>7/5/1896</u>
10a. USUAL OCCUPATION (Give kind of work if retired) <u>mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State of Foreign Country) <u>Meadville, Missouri</u>
13a. FATHER'S NAME <u>Edward Riggle</u>		13b. MOTHER'S MAIDEN NAME <u>Josie Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>Beulah Riggle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Beulah Riggle</u> ADDRESS <u>Meadville Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia lobar Rt</u> 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. <u>Hypertension Severe</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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) m.	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>Jan 15, 1953</u> , to <u>May 28, 1957</u> , that I last saw the deceased alive on <u>May 28, 1957</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph G. Conrad M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>June 3-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/30/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linneus IOOF</u>	24d. LOCATION (City, town, or county) (State) <u>Linneus, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6/13/57</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Marion E. Million</u> ADDRESS <u>Merchullo Mo.</u>	

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

1710

**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 *David J. ...* Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marie E. Miller*.....  
Licensed Embalmer No. .... 3957

P. O. Address *Meadville, M*.....

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.