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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20165

STATE FILE NUMBER

FILED JUN 24 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 659

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		0117 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2110 So. 13th St	
3. NAME OF DECEASED (Type or print) First Richard Middle Thomas Last Rigney				4. DATE OF DEATH June 12, 1957			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 23, 1868	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (Ill) Maintinance				10b. KIND OF BUSINESS OR INDUSTRY Dept. Gas Co.		11. BIRTHPLACE (City and state or country) Stewartsville, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Dennis Rigney				14. MOTHER'S MAIDEN NAME Mary Potts			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 488-14-8993		17. INFORMANT Mrs Mary Rigney 2110 So. 13th City	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 6 days unknown	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443x	
20c. TIME OF INJURY		Hour. Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/11/57 to 6/12/57 and last saw him alive on 6/12/57 Death occurred at 7:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) Mrs Edmund M St Joseph, Mo				22b. ADDRESS		22c. DATE SIGNED 6/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-15-57		23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cem.		23d. LOCATION (City, town, or county) (State) Easton, Mo.	
24. FUNERAL DIRECTOR (Name or title) Herman E Sidenfader St Joseph Mo				25. DATE RECD. BY LOCAL REG. June 18, 1957		26. REGISTRAR'S SIGNATURE Mrs Robert Fulton	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.