

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028702
STATE FILE NUMBER

FILED AUG 21 1958 Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN		0351 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE		Length of stay in 1b 26 YRS	d. STREET ADDRESS (If outside, give location) 515 S. KIMBALL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ILLA BELL RIGGS			4. DATE OF DEATH Month Day Year Aug. 15 1958		
5. SEX FEMALE	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 JUNE 28, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 1 Days 18 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) OBION COUNTY, TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN MOORE		13b. MOTHER'S MAIDEN NAME MARTHA THRUSTON		14. NAME OF HUSBAND OR WIFE CHARLES E. RIGGS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address CHARLES E. RIGGS MALDEN, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocarditis</i> DUE TO (b) <i>Medny arteries Disease</i> DUE TO (c) <i>Tapped on time 6 months</i> 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) <i>413X</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>4 yrs</i>
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <i>July 1953</i> to <i>Aug 15-58</i> and last saw her alive on <i>Aug 15-58</i> Death occurred at <i>1:30A</i> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <i>L. Calkins D.O.</i> (Degree or title)			22b. ADDRESS <i>Malden Mo</i>		22c. DATE SIGNED <i>Aug 15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/17/58	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		23d. LOCATION (City, town, or county) (State) MALDEN MO
24. FUNERAL DIRECTOR DAY & KNIGHT FUNERAL HOME, MALDEN			25. DATE RECD. BY LOCAL REG. 8-15-58	26. REGISTRAR'S SIGNATURE <i>J. L. Schuman</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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DEPARTMENT
COUNTY FILE NUMBER 858-195

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 *J. D. Schuman*
Licensed Embalmer No. *4086*
P. O. Address *Quelden*

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.