RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-031586

STATE FILE NUMBER

FILED VS OCT 5 1959

Registration District No. 042 Primary Registration District No. ——— Registrar's No. 983

IDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeKalb — Length of stay in 1b: 4 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DeKalb Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN DeKalb — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mary — Middle Francis — Last Triggs

4. DATE OF DEATH: Month September — Day 17, — Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: May 27, 1886
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Buchanan Co, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas H. Triggs
13b. MOTHER'S MAIDEN NAME: Martha Finch
14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 510-22-7549
17. INFORMANT: Mrs. Bert Sprague, Leavonworth, Kan. — Address: 950 Penna. Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchial Pneumonia	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Vascular Hemorrhage	6 weeks
DUE TO (c)	Generalized Arteriosclerosis	unk.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 1957, to Sept. 17, 1959 and last saw her/him alive on Aug. 31, 1959
Death occurred at about 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin H Christ MD
22b. ADDRESS: 6106 King Hill, St. Joseph, Mo
22c. DATE SIGNED: 9/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 19, 1959
23c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery
23d. LOCATION (City, town, or county) (State): Troy, Kansas

24. FUNERAL DIRECTOR: Tommy R. Rollins — ADDRESS: Platte City, Mo
25. DATE RECD. BY LOCAL REG.: Sept. 28, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF M.H. Christ, M.D. DOCUMENT CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by Tommy R. Rollins, Student Embalmer No. 5-8

working under my personal supervision.

Student Tommy R. Rollins Signed Roland M. Goffee

Signature of Student Embalmer

Licensed Embalmer No. 472S

P. O. Address Platte City,

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