

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022491
STATE FILE NUMBER

FILED VS. JUN 28 1960 47

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 177

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Callaway</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b Years <u>Years</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home 102 W. 10th St</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				d. STREET ADDRESS (If outside, give location) <u>102 W. 10th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Earl</u>		Middle <u>Johnson</u>		Last <u>Riggs</u>		Month <u>June</u> Day <u>18</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/17/1892</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
						Months	Days
						Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and state or country) <u>Wellsville, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Eugene Riggs</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Turner</u>			14. NAME OF HUSBAND OR WIFE <u>Cathrine Riggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>yes WW I</u>			16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT Address <u>Mrs. Cathrine Riggs, Fulton, Mo</u>		
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)	<u>Death due to natural causes, probably due to a service connected disability from World War #1 according to the investigation made by Coroner</u>						
DUE TO (b)	<u>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</u>						
DUE TO (c)	<u>Denzil C. Browning</u>						
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.		
<u>Gassed & shell shocked in World War #1</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Approx 10:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Maretha Lawrence, Registrar</u>				22b. ADDRESS <u>Fulton, Mo</u>		22c. DATE SIGNED <u>June 21-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 20, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial Garden</u>		23d. LOCATION (City, town, or county) <u>Fulton</u>		STATE <u>Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Frank's Funeral Home, Fulton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>June 21-1960</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 8 1960

JUN 9 0 1960

VS JUL 1 8 1960

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 471

P. O. Address Fulton,

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.