

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006256

STATE FILE NUMBER

AMENDED

Registration District No. 216 Primary Registration District No. _____ Registrar's No. 86

FILED VS MAR 7 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois			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 St. Francois Township		Length of stay in 1b- 9 days	c. CITY OR TOWN Malden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 803 Ohio (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHESTER Middle BURL Last RIGGS			4. DATE OF DEATH Month February Day 20 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 21, 1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 3 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roundhouse labor & Mechanics			11. BIRTHPLACE (City and state or country) St. Louis Southwestern, Illinois		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Wesley Riggs		13b. MOTHER'S MAIDEN NAME Josephine Grogsty		14. NAME OF HUSBAND OR WIFE Vella Riggs nee Smith	
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. Unknown		17. INFORMANT Records, State Hospital No. 4, Farmington, 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) Bilateral Bronchial pneumonia - - - - - 9 das. DUE TO (b) Inanition - - - - - Abt. 2 wks. DUE TO (c) Psychosis - - - - - Abt. 3 yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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. <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 _____ a.m. _____ p.m. Month, Day, Year _____					
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 Feb. 11, 1961 to Feb. 20, 1961 and last saw him alive on Feb. 20, 1961 Death occurred at 7:55 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John A. Brennan, M.D.			22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 2-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 22, 1961	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Malden, Missouri	
24. FUNERAL DIRECTOR ADDRESS Day and Night Funeral Home, Malden, Mo.			25. DATE RECD. BY LOCAL REG. Mar 4 1961	26. REGISTRAR'S SIGNATURE Esther Rudloff	

MAR 16 1967

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 _____

W. Cozeman

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.