

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024416

AMENDED

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 126 STATE FILE NUMBER

FILED AUG 1 1961

1. PLACE OF DEATH
 a. COUNTY CASS Memorial Hospital
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE MO. Length of stay in 1b 3 WKS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY JACKSON
 c. CITY OR TOWN PLEASANT HILL Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RFD # 3 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
EDGAR MONROE RIGGS
 4. DATE OF DEATH Month Day Year
JULY 18 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2/11/1889 9. AGE (last birthday) 72 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) FARMER 10b. KIND OF BUSINESS OR INDUSTRY SMAL GRAIN 11. BIRTHPLACE (City and state or country) RAYTOWN MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLIAM GEORGE RIGGS 13b. MOTHER'S MAIDEN NAME NELLIE RICE 14. NAME OF HUSBAND OR WIFE KATHERINE RIGGS

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. NO 17. INFORMANT Address RFD # 3
KATHERINE RIGGS PLEASANT HILL 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) Acute cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 14 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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 3-17-50 to 7-18-61 and last saw her alive on 7-18-61
 Death occurred at 11:50 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Eklund MD 22b. ADDRESS Pleasant Hill, Mo 22c. DATE SIGNED 7-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7/21/61 23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL 23d. LOCATION (City, town, or county) (State) PLEASANT HILL MO.

24. FUNERAL DIRECTOR ADDRESS WALLACE FUNERAL HOME PLEASANT HILL 25. DATE RECD. BY LOCAL REG. 7/20/61 26. REGISTRAR'S SIGNATURE Ms. Gay Sebee

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 James C Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill

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.