

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040449

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 113

FILED NOV 21 1961

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in lb 85 days	c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Veterans Administration INSTITUTION Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 311 S. Ault		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle LANTIE Last RIGG			4. DATE OF DEATH Month November Day 8 Year 1961			
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-5-94	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder & Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Center, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alfred B. Rigg		13b. MOTHER'S MAIDEN NAME Alice Hooton		14. NAME OF HUSBAND OR WIFE - - - -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes <input checked="" type="checkbox"/> WW I			17. INFORMANT George L. Rigg, son Address 5005 McCoy Zone-33 Kansas City, Mo.			
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) Cor pulmonale due to arterial hypertension					1 yr.	
DUE TO (b) Emphysema pulmonary, obstructive.					6 yrs	
DUE TO (c) Tuberculosis, pulmonary, far advanced					41 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, general					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 checked="" type="checkbox"/> NO <input 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 - - - - a.m. - - - p.m. - - -			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. <input checked="" type="checkbox"/> attended the deceased from August 15, 1961 to Nov. 8, 1961 her Death occurred at 5:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE L.A.R. (Degree or title) F.J. MANTELL, M.D. Act. Pathologist			22b. ADDRESS VACC, Ex. Spgs Div. Wadsworth, Kansas		22c. DATE SIGNED 11-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11-9-61	23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town, or county) (State) Center, Missouri		
24. FUNERAL DIRECTOR Richard Funeral Home, Inc. Excelsior Springs, Missouri			25. DATE RECD. BY LOCAL REG. 11-16-61		26. REGISTRAR'S SIGNATURE Caroline Hutchings	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 *Andrew J. Jarma*

Licensed Embalmer No. 4589
P. O. Address *Emulsion Springs*

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.