

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011725

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. --- Registrar's No. 70

FILED MAR 26 1962

VS 300  
Rev. 4/59

10530  
20150

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1286-2

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Laclede</b>		a. STATE <b>Mo</b>	b. COUNTY <b>Camden</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eldridge RR.</b>		c. CITY OR TOWN <b>Camdenton</b>	
Length of stay in lb <b>3 Months</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cedar Grove Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Camdenton</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <b>Ella</b> Middle <b>Riggs</b> Last <b>Riggs</b>			Month <b>March</b> Day <b>19</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 17-1897</b>
9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>2</b>	IF UNDER 24 HR Hours <b>---</b> Min. <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At-Home</b>	11. BIRTHPLACE (City and state or country) <b>Camden County Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Monroe Christopher</b>	
13b. MOTHER'S MAIDEN NAME <b>Jennie ?</b>		14. NAME OF HUSBAND OR WIFE <b>George Riggs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Mrs John Canfield, Camdenton Mo</b>		Address	
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) <b>Medullary Paralysis</b>			<b>2 hours</b>
DUE TO (b) <b>Cerebral Hemorrhage</b>			<b>3 months</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>years.</b>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 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 <u>3/28/1960</u> to <u>3/12/1962</u> and last saw her/him alive on <u>3/12/1962</u>			
Death occurred at <u>11:30 3/20/62 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Kenneth E. Mitchem D.O.</b>		22b. ADDRESS <b>Camdenton, Mo</b>	22c. DATE SIGNED <b>3/21/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 22-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Climax Springs Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Climax Springs, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Robert H. Reed, Camdenton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-21-1962</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Hlay</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

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.

Printed and dated 3-21-1962 N.A.A.