

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014901

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2700 Registrar's No. 689

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 7 1962

VS 300 Rev. 4/59

10397

21060

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY TANEY	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 3 DAYS	c. CITY OR TOWN BRANSON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RURAL
3. NAME OF DECEASED (Type or print) First Middle Last GRIFFIN R. RIGGS		4. DATE OF DEATH Month Day Year 4-30-62	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-28-1887
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 24 HR Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY Public Worker	11. BIRTHPLACE (City and state or country) MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ROBERT RIGGS	
13b. MOTHER'S MAIDEN NAME MINNOSOTA HENSLEY		14. NAME OF HUSBAND OR WIFE STELLA RIGGS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NP		16. SOCIAL SECURITY NO. 4- [redacted]	17. INFORMANT Address MRS. STELLA RIGGS BRANSON MO
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous, primary site unknown			INTERVAL BETWEEN ONSET AND DEATH months
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 (e)			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 _____ 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 4/27/62 to death and last saw her/him alive on 4/30/62 Death occurred at: 4/30/62 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leo New J. MD.		22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 5/4/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-4-62	23c. NAME OF CEMETERY OR CREMATORY LEWALLEN CEMETERY	23d. LOCATION (City, town, or county) (State) BRANSON MO
24. FUNERAL DIRECTOR ADDRESS Whelchel F.H. BRANSON MO		25. DATE RECD. BY LOCAL REG. 5-4-62	26. REGISTRAR'S SIGNATURE Effie S. Melton

See 7 Ne. W. m. D
USE BLACK INK
OR
TYPEWRITER RIBBON

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 B. M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.

Permit renewed 5-1-65