

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041220  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 4469 Registrar's No. 55

FILED NOV 5 1962	
1. PLACE OF DEATH	
a. COUNTY <b>STE. GENEVIEVE</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>STE. GENEVIEVE</b>	a. STATE <b>Missouri</b> b. COUNTY <b>STE. GENEVIEVE</b>
Length of stay in 1b <b>LIFE</b>	c. CITY OR TOWN <b>STE. GENEVIEVE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>186 So. 7th STREET</b>	d. STREET ADDRESS (If outside, give location) <b>186 So 7th STREET</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>DORA EULALIA RIGDON</b>	
4. DATE OF DEATH Month Day Year <b>Oct - 28 - 1962</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/29/1872</b>
9. AGE (last birthday) <b>89</b>	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) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>
11. BIRTHPLACE (City and state or country) <b>STE. GENEVIEVE CO.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Eli Gouvo</b>	13b. MOTHER'S MAIDEN NAME <b>MARCELITE KIRCHNER</b>
14. NAME OF HUSBAND OR WIFE <b>FELIX RIGDON</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>NONE</b>
17. INFORMANT <b>Charles Rigdon - U. City, Mo</b>	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Viral Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROTIC HEART DISEASE - DECOMPENSATION</b> <b>1 week</b>	
DUE TO (c) <b>GENERALIZED ATHEROSCLEROSIS</b> <b>10 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Mucous Colitis</b>	
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 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. 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 <b>10-11-61</b> to <b>10-28-62</b> and last saw her/him alive on <b>10-27-62</b>	
Death occurred at <b>4:10 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>GN De Genova, MD</b>	22b. ADDRESS <b>Ste Genevieve, Mo</b>
22c. DATE SIGNED <b>10-29-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10/30/62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Valle Spring Cem</b>	
23d. LOCATION (City, town, or county) (State) <b>STE. GENEVIEVE MO.</b>	
24. FUNERAL DIRECTOR <b>BASLER FUNERAL HOME</b>	25. DATE RECD. BY LOCAL REG. <b>29 October 1962</b>
26. REGISTRAR'S SIGNATURE <b>George F. Wood</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0951

2 09512

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4 1

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11

12 40-0

13 1-0

STE. Genevieve, Mo. (Licensed Embalmer's Statement on Reverse Side)

MAR 15 1963

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

*William J. Piller*

Licensed Embalmer No.

4740

P. O. Address

St. Genevieve Me.

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.