

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6613 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert A. Raich

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 30 Yrs  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5814 McGee Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 5814 McGee Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Leon A. Triggs Sr. December 24 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 9-1-1892 9. AGE (last birthday) 70 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance 10b. KIND OF BUSINESS OR INDUSTRY General Agent 11. BIRTHPLACE (City and state or country) Elgin Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Alvin C. Triggs 13b. MOTHER'S MAIDEN NAME Mary Jane Martin 14. NAME OF HUSBAND OR WIFE Bess G. Triggs

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 Bess G. Triggs 5814 McGee K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 3 hour  
DUE TO (b) arteriosclerotic heart disease 4 year  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) pulmonary emphysema  
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 16 OCT 62 to 14 DEC 62 and last saw him alive on 24 DEC 62  
Death occurred at 6:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert A. Raich M.D. (Dee free or title) 22b. ADDRESS 4320 Normal Road 22c. DATE SIGNED 24 DEC 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-27-62 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Garden Mausoleum 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Missouri 25. DATE RECD. BY LOCAL REG. 12-26-62 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Ravech  
Benny R. Ravech  
12/10  
4320 Marshall

**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 Behan W. Mueker

Licensed Embalmer No. 5078

P. O. Address KC, 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.