

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5304-1**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> <u>119</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>2</u> <u>5</u>	
c. LENGTH OF STAY (In this place) <u>4yr</u>		d. STREET ADDRESS (If rural, give location) <u>2420 Picher</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2420 Picher</u>			

3. NAME OF DECEASED (Type or Print) <u>SARAH</u>	a. (First) <u>BELLE</u>	b. (Middle) <u>RIGGS</u>	c. (Last)	4. DATE OF DEATH <u>February 25, 1949</u> (Month) (Day) (Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 3, 1860</u>	9. AGE (In years last birthday) <u>89</u>	# UNDER 1 YEAR Months <u>7</u>	YEAR Days <u>28</u>	# UNDER 24 HRS. Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James S. Boyd</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Wesley Riggs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Riggs</u>	ADDRESS <u>Webb City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>± 1yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u></u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 1-27, 1949, to 2-25, 1949, that I last saw the deceased alive on 2-25, 1949, and that death occurred at 1:20A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sam Degeusem</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>2-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Diamond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-25-49</u>	REGISTRAR'S SIGNATURE <u>Ed James 138</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis Funeral Home</u>	ADDRESS <u>Webb City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed _____

Licensed Embalmer No. 28519

P. O. Address 1111 1/2 St. N.E.

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 this body is not embalmed, fact should be so stated above.