

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38311

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tenn.</u> b. COUNTY <u>Leban</u>	
b. CITY OR TOWN <u>Rural - Godair Twp</u> c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Melan</u> <u>8410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>-</u> c. (Last) <u>Riggs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 2 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 1 1914</u>	9. AGE (In years last birthday) <u>37</u> <small>IF UNDER 1 YEAR: Months Days</small> <small>IF UNDER 1 HR.: Hours Min.</small>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Humboldt Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Riggs</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Edinger</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Dabb 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.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Roy Riggs, Cottageville, 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, asthenia, 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>Gun Shot Wound in Abdomen</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <u>E981X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Godair Remick, Tenn</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 2, 1951 11:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fight</u>
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22. I hereby certify that I attended the deceased from Nov 2, 1951, to Nov 3, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Osburn</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Wardell, Tenn</u>	23c. DATE SIGNED <u>11-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 3 1951</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Melan Tenn</u>
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DATE REC'D BY LOCAL REG. <u>11-15-51</u>	REGISTRAR'S SIGNATURE <u>John W. Gannon</u> <u>406</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Dehiste Funeral Parlor - Cottageville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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11-51-286

Rec. NOV 15 1991

S. B. Beecher, M. D.,
Peniscot County Health Department,
Caruthersville, Missouri

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Robert J. Lee Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Portageville 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 this body is not embalmed, fact should be so stated above.