

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs, Mo.</u>	c. LENGTH OF STAY (in this place or township) <u>1 1/2 months</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lawson</u>	1896
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sharp's Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHANIEL</u> b. (Middle) <u>REUBEN</u> c. (Last) <u>RIGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 25, 1869</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
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 _____	
11. BIRTHPLACE (State or foreign country) <u>Ark. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Riggs</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Coleman</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Scott Lawson, Mo.</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Arteriosclerosis</u>		<u>20 yrs</u>
	DUE TO (c) _____		
	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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs Clay Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>442X</u>	
22. I hereby certify that I attended the deceased from _____, 19 <u>35</u> , to <u>Oct. 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct. 1</u> , 19 <u>52</u> , and that death occurred at <u>3:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter Buchner M.D.</u>		23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>Oct. 7, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-9-52</u>	REGISTRAR'S SIGNATURE <u>Caroline Kuhlthaus</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarman-Richard-Lawson, Mo.</u> ADDRESS _____	

OCT 29 1952

**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

*Linnett K. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.