

DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37573

State File No.

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 97

0051
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> <u>0051</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>501 Lincoln</u> <u>3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvis</u> b. (Middle) <u>Eldon</u> c. (Last) <u>Riggs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 6 - 1875</u>	9. AGE (In years last birthday) <u>77</u> <u>4</u> <u>20</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>city employee</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Purdy Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>city employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>pump station</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Purdy Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John P. Riggs</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Linkens</u>	14. NAME OF HUSBAND OR WIFE <u>Ruthie Riggs (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) (If yes, give war or dates of service) <u>no</u>	18. SOCIAL SECURITY NO. <u>499-36-2928</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Combs</u>	ADDRESS <u>Monett 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</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)			
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 <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 18, 1952, to Nov 26, 1952, that I last saw the deceased alive on Nov 26, 1952, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Ken MD</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>11/30/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 29-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence, Mo.</u>
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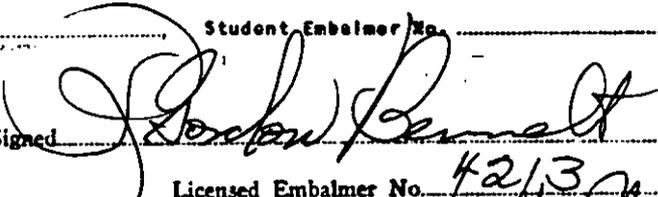
DATE REC'D BY LOCAL REG. <u>11-30-52</u>	REGISTRAR'S SIGNATURE <u>Oliver P. Warrington</u>	465-P	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Warrington</u>	ADDRESS <u>Monett</u>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____
Student Embalmer No. _____
Licensed Embalmer No. 4213

P. O. Address Monett, 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.