

NOV 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. **39460**
Registrar's No. **376**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (in this place) 11/6/52		d. STREET ADDRESS (If rural, give location) 612 South Hayden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Jackson c. (Last) Riggs			4. DATE OF DEATH (Month) (Day) (Year) November 8, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 21, 1887	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months 9 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Davis County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Riggs	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Belle Riggs
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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. 486 14 1534	17. INFORMANT'S SIGNATURE OR NAME Mrs. Belle Riggs	ADDRESS Hannibal Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pernicious anemia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 493X	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) Hannibal, Marion, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **1950**, 19____, to **11/8/52**, 19____, that I last saw the deceased alive on **11/8/52**, 19____, and that death occurred at **4:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Swathschick M.D.	23b. ADDRESS 508 Broadway Hannibal	23c. DATE SIGNED 11/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/10/1952	24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 11-17-52	REGISTRAR'S SIGNATURE Dr. E.M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE By W. Fisher	ADDRESS Hannibal Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 18 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 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 John S. Spord

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.