

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33848**

FILED OCT 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camdenton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>5 hours</u>		c. CITY OR TOWN <u>Camdenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				f. STREET ADDRESS (If rural, give location) <u>Rural, Camdenton, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u>			b. (Middle) <u>LOIS</u>		c. (Last) <u>RIGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 14th, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 7, 1930</u>		9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eldridge, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Rachel Allen</u>		14. NAME OF HUSBAND OR WIFE <u>James Isaac Riggs</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-30-6473</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles Riggs, Camdenton, Missouri</u>			
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Head and Chest injuries</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident,</u> DUE TO (c) <u>on U.S. Highway #50, Johnson County, Missouri.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 50,</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Johnson County, Missouri</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-14-1955 -1:15A 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>Automobile Accident,</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>10-14-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-14-</u> , 19 <u>55</u> , and that death occurred at <u>6:45A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins (Coroner, M.D.)</u>				23b. ADDRESS <u>Holden, Missouri</u>		23c. DATE SIGNED <u>10-14-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Camdenton, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah C. Whitefield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger,</u>		ADDRESS <u>Warrensburg, Missouri.</u>	

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

