

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2452**BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **4449** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Carte	
b. CITY OR TOWN Ellington	c. LENGTH OF STAY (in this place) 3 mo	c. CITY OR TOWN Ellsimore	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Carte Nursing Home		STREET ADDRESS (If rural, give location) Rt. 2	

3. NAME OF DECEASED (Type or Print)	a. (First) India	b. (Middle) Teal	c. (Last) Riggie	4. DATE OF DEATH (Month) (Day) (Year) JAN 29 56
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH MAR 17, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John McMurtrey	13b. MOTHER'S MAIDEN NAME Elizabeth Bird	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Edwin Riggie	ADDRESS 8220 Fidelity St. Louis Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Degeneration		3 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		5 yrs
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	4221		

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)	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 12, 1956**, to **Jan 29, 1956**, that I last saw the deceased alive on **Jan 24, 1956**, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Kenneth T. Carl	(Degree or title) PO	23b. ADDRESS Ellington Mo	23c. DATE SIGNED Jan 30/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-29-56	24c. NAME OF CEMETERY OR CREMATORY Stone Hill	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. Jan 30-56	REGISTRAR'S SIGNATURE Bessie Evans	25. FUNERAL DIRECTOR'S SIGNATURE Charles S. Penney	ADDRESS Ellington, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.25
200
4

Received 2-1-56

Reynolds County

File No. 256 - 8

OCT 2 1951

NOV 19 1958

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.....
Signature of Student Embalmer

Signed *Charles S. Lewitt*.....

Licensed Embalmer No. 4579

P. O. Address Ellington,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.