

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

25388

FILED AUG 12 1957

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 284

| | | | | | |
|---|--|--|---|--|---|
| 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, give TOWNSHIP only) OR TOWN Hannibal | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hannibal | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence, 1625 Grace Street | | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) 1625 Grace |
| 3. NAME OF DECEASED (Type or print) JAMES EARL RIGG | | | 4. DATE OF DEATH July 25, 1957 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH March 23, 1880 |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months 4 Days 2 Hours ? Min. ? | | IF UNDER 24 HRS. Hours ? Min. ? | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Letter Carrier | | 11. BIRTHPLACE (City and state or country) Montgomery City Missouri | |
| 13. FATHER'S NAME James Hunter Rigg | | | 14. MOTHER'S MAIDEN NAME Susan Ama Snethen | | |
| 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. None | | 17. INFORMANT Herbert L. Rigg, Hannibal Missouri | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Chronic Myocarditis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | | INTERVAL BETWEEN ONSET AND DEATH 16 Hours 3 years |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from Sept 1951 to July 25, 1957 and last saw her/him alive on July 25, 1957 . Death occurred at 12:30 P m on the date stated above; and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE Glen R. Miller (Degree or title) | | | 22b. ADDRESS Hannibal Mo | | 22c. DATE SIGNED 7-29-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/27/57 | 23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park | | 23d. LOCATION (City, town, or county) Hannibal Missouri (State) |
| 24. FUNERAL DIRECTOR H. Crawford Smith ADDRESS Hannibal Missouri | | 25. DATE RECD. BY LOCAL REG. 7-31-57 | | 26. REGISTRARS SIGNATURE Dr. E. M. Lucke by W. C. Fisher | |

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be carefully related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED AUG 9 1957
MARION CO. HEALTH DEPT.
DATE FILED AUG 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John A. Moore*.....

Licensed Embalmer No.....

P. O. Address..... Hanniba

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.