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 All symptoms will be listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

STATE FILE NUMBER 24174

Registration District No. 294 Primary Registration District No. 3056 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>			2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Moberly</i> 2983		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hosp</i>		Length of stay in 1b <i>1 day</i>	d. STREET ADDRESS <i>109 1/2 E Coats</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>WILLIAM M. RIGGS</i>			4. DATE OF DEATH <i>Jan 2 - 1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Feb 15 - 1883</i>	9. AGE (In years last birthday) <i>74</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Body man</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>auto</i>	11. BIRTHPLACE (City and state or country) <i>Monroe County Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph E. Riggs</i>			14. MOTHER'S MAIDEN NAME <i>Mollie B. Morris</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-07-2062</i>	17. INFORMANT <i>Orville Vance Moberly Mo</i> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized debility</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Bronchial carcinoma</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks approx</i>
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 _____ Month, Day, Year _____ 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 <i>Dec 4, 1957</i> to <i>Jan 2, 1958</i> and last saw him alive on <i>Jan 1, 1958</i> Death occurred at <i>11:30 A.M.</i> on the day stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. C. Wesley D.F.</i> (Degree or title)		22b. ADDRESS <i>Huntsville</i>		22c. DATE SIGNED <i>1-2-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Jan 4 - 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Summit Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Madison Mo.</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home</i>		ADDRESS <i>Moberly Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-4-58</i>	26. REGISTRAR'S SIGNATURE <i>Paul W. Lowe</i>

(Licensed Embalmer's Statement on Reverse Side)

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.....
Jerry R. Cator
Licensed Embalmer No. 490

P. O. Address *Mohrly*

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