

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017702

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 98 Primary Registration District No. 5366 Registrar's No. 56

300  
1-57  
310

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Davies</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Davies</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marion Twn. Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Pattonsburg</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pattonsburg</b>		Length of stay in 1b <b>46 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Rt. # 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Simon Jones Riggs</b>			4. DATE OF DEATH Month <b>May</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 31, 1887</b>	9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Car Mechanic</b>	11. BIRTHPLACE (City and state or country) <b>Fairport, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James M. Riggs</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret A. Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha L. Riggs</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-42-3679</b>	17. INFORMANT Address <b>Bertha L. Riggs, Rt. # 2, Pattonsburg, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension, Chronic nephritis</b>					<b>2 yrs</b>
DUE TO (c) <b>Cardiac asthma</b>					<b>1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>592 X</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 <b>April 10, 1958</b> , to <b>May 10-58</b> and last saw <sup>her</sup> him alive on <b>May 10-58</b> Death occurred at <b>11:50 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>H. Bailey, D.D. 2</b>			22b. ADDRESS <b>Pattonsburg, Mo.</b>		22c. DATE SIGNED <b>5-14-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-14, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Civil Bend Christian Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Pattonsburg, Mo.</b>
24. FUNERAL DIRECTOR <b>Louis P. [Signature]</b>		ADDRESS <b>Pattonsburg, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>16 May 1958</b>	26. REGISTRAR'S SIGNATURE <b>Virginia M. Engelhart</b>

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 *Louis Quest* .....

Licensed Embalmer No. *4096* .....

P. O. Address. *Pattonburg, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.