

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022348
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 166 Primary Registration District No. 558 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		c. CITY OR TOWN Crystal City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hospital		d. STREET ADDRESS 314 Jefferson Ave	
3. NAME OF DECEASED (Type or print) First Walter Middle John Last Rigdon		4. DATE OF DEATH Month June Day 12 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 26, 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaperman		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last b'day) 43
11. BIRTHPLACE (City and state or country) River Aux Vases, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Walter J. Rigdon		14. MOTHER'S MAIDEN NAME Agnes Yallamy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO. 489-03-4784	
17. INFORMANT Mrs. John Rigdon, 314 Jefferson, Crystal		Address Crystal	
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 16 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 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 8-7-54 to 6-12-58 and last saw him alive on 6-12-58 Death occurred at 2:25 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deedee or title) H. D. Samuel, M. D.		22b. ADDRESS 112 Mississippi Ave, Crystal City, Mo.	
22c. DATE SIGNED 6-17-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 16, 1958	
23c. NAME OF CEMETERY OR CREMATORY Catholic		23d. LOCATION (City, town, or county) (State) Festus, Missouri	
24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo.		25. DATE RECD. BY LOCAL REG. 6-17-58	
ADDRESS		26. REGISTRAR'S SIGNATURE John G. Rigdon	

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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8961 8 8 NNC

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUN 2 8 1958

DATE RECEIVED

JUN 24 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.....
Donald H. Vinyard

Licensed Embalmer No. *046*

P. O. Address *Festus*

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.