

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001602

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED VS FEB 8 1961 AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 256

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 33 years	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 211 WEST 73rd TERR.	
3. NAME OF DECEASED (Type or print) First Middle Last ORVEL EDMAN RIGDON			4. DATE OF DEATH Month Day Year JANUARY 13th 1961		
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 type="checkbox"/>	8. DATE OF BIRTH 12/2/01	9. AGE (last birthday) 59 years	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE STATIONARY			10b. KIND OF BUSINESS OR INDUSTRY Server's Lunch ENGINEER		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES RIGDON			13b. MOTHER'S MAIDEN NAME MYRTLE EARLS		14. NAME OF HUSBAND OR WIFE PEARL R. RIGDON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO			16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Pearl Rigdon Address 211 W. 73rd Terr. K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 days 2 years unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Probable Ca of lungs</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 4:15 AM	Hour a.m. p.m.	Month, Day, Year 1-13-61			
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 1961
21. I attended the deceased from <u>Oct 1958</u> , to <u>Jan 13, 1961</u> and last saw ^{her} him alive on <u>January 13, 1961</u> Death occurred at <u>4:15 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) <i>William Robert M.D.</i>			22b. ADDRESS 2108 W. 75 Prairie Village, Kansas		22c. DATE SIGNED 1-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 16, 1961	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY KANSAS CITY, MISSOURI		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 1-16-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WILLIAM H. DORNEY

ITEM NO.

SHOULD READ

TYPEWRITER RIBBON

1952

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.