

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020672

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 44

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 13 1963

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Lewis | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dickerson Twp. | a. STATE Missouri COUNTY Lewis | c. CITY OR TOWN Rural, Lewistown |
| Length of stay in lb 1 yr. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural, Lewistown | | d. STREET ADDRESS Rural | |

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|--|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First Steve | Middle Franklin | Last Riggs | Month June | Day 1 | Year 1963 |
| 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 Feb. 5, 1905 | 9. AGE (last birthday) 58 | 10. IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee, Gardner-Denver, Quincy, Ill. | | 10b. KIND OF BUSINESS OR INDUSTRY Versailles, Mo. | 11. BIRTHPLACE (City and state or country) USA | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Plummer Riggs | | 13b. MOTHER'S MAIDEN NAME Lettie Merrett | | 14. NAME OF HUSBAND OR WIFE Ruby Pearl Ward | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | | | 17. INFORMANT Address Ruby Riggs, Lewistown, Mo. | | |

| | | |
|---|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: | | |
| IMMEDIATE CAUSE (a) | Crushed chest | Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Trauma sustained | |
| | DUE TO (c) While loading machinery | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal disease condition given in PART I (a)) | | 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 checked="" 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.) Trauma raised up and fell backward |
| 20c. TIME OF INJURY Hour P.m. Month, Day, Year a.m. 6-1-1963 p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Home |
| 20f. CITY, TOWN, OR LOCATION New Lexington, Lewis Co., Mo. | | STATE Mo. |

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|--|--|
| 22a. SIGNATURE Carl H. Backley, Coroner | 22b. ADDRESS Lewistown, Missouri | 22c. DATE SIGNED 6-1-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE June 1, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery |
| 23d. LOCATION (City, town, or county) Quincy, Adams County, Ill. | | |
| 24. FUNERAL DIRECTOR Stormer Funeral Home, Quincy, Ill. | 25. DATE RECD. BY LOCAL REG. 6-3-'63 | 26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 2 1963

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 Stewart General Howe

Licensed Embalmer No. _____

P. O. Address Greenville, S.C.

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.