

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041456

FILED VS DEC 8 1959 316

STATE FILE NUMBER

Registration District No. Primary Registration District No. 3059 Registrar's No. 458

ENDED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 1 hr.	c. CITY OR TOWN Flat River
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 501 Emerson St.
			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDYTH Middle M. Last RIGSBEE			4. DATE OF DEATH Month Dec- Day 2- Year 1959		
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5. SEX Female	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 5-31-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 6 Days 2 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Madison Co. Mo.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME A. J. Thomason	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Gale	14. NAME OF HUSBAND OR WIFE James Walton Riggsbee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Address Helen Riggsbee Flat River, Mo.
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18. CAUSE OF DEATH (Enter only 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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerotic Heart Disease	
	DUE TO (c)	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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
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21. I attended the deceased from **Dec 2 59**, to **Dec 2 59** and last saw her ^{him} alive on **Dec 2 59**
Death occurred at **11:58 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. H. Applegate MD (Degree or title)	22b. ADDRESS Rivermines, Missouri	22c. DATE SIGNED 12-4-59 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec-4, 1959	23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery	23d. LOCATION (City, town, or county) (State) Fredericktown, Missouri
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24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 4, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. 589
working under my personal supervision.

Student Richard A Reeves
Signature of Student Embalmer

Signed Mary L Sparto
Licensed Embalmer No. 4254
P. O. Address Madison, TN

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