

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29077

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6222 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> c. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Richmond Township &amp; Ray</u>		c. CITY OR TOWN <u>Richmond</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray County Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>220 North College</u> 08910	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ABE</u> b. (Middle) <u>(M)</u> c. (Last) <u>TRIGG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 - 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 25, 1872</u>		9. AGE (In years last birthday) <u>85</u> UNDER 1 YEAR: (Months) <u>0</u> (Days) <u>6</u> IF UNDER 1 YR. Hours <u>   </u> Min. <u>   </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>	

12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Christopher Trigg</u>		13b. MOTHER'S MARDEN NAME <u>Julia Francis Gainer</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Lee Trigg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Bertha Trigg, Richmond, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY Embolism INST.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>   </u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>   </u>  DUE TO (c) <u>Arterio-sclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>P.O. Strangulated Ingu Hernia</u>			

19a. DATE OF OPERATION <u>   </u>		19b. MAJOR FINDINGS OF OPERATION <u>   </u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-30, 1957, to 9-1, 1957, that I last saw the deceased alive on 9-1, 1957, and that death occurred at 10:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>E. S. Jay MD</u>		23b. ADDRESS <u>Richmond Mo</u>		23c. DATE SIGNED <u>9-7-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 2, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richmond Memory Garden</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Richmond Missouri</u>		24f. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Sept 6 - 1957</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richmond Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 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 *George H. Hill*.....

Licensed Embalmer No. 4066.....

P. O. Address *Putnam, Va.*.....

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.