

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8819
1225

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ARKANSAS b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 1 WEEK	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sulphur Springs 8030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 201 East Patterson Street.	

3. NAME OF DECEASED (Type or Print) a. (First) MARJORIE	b. (Middle) MAE	c. (Last) SKAGGS	4. DATE OF DEATH (Month) (Day) (Year) MARCH 18 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 19, 1899	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) OSAGE CO. OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ERNEST C. Smith	13b. MOTHER'S MAIDEN NAME SARAH ADA Porter	14. NAME OF HUSBAND OR WIFE Gilbert B SKAGGS
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilbert B. Skaggs 201 E. Patterson Sulphur Springs ARK
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema & atelectasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary brain tumor of rt. middle fossa = hemorrhage and encephalomalacia DUE TO (c) Bilateral subdural hematoma 1951		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Pathologist, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE F. P. Nordermeyer (Degree or title) F. P. Nordermeyer, M.D.	23b. ADDRESS 5910 Mc Gee, N.C., Mo.	23c. DATE SIGNED 19 Mar. 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR 19 1951	24c. NAME OF CEMETERY OR CREMATORY FAIRFAX CEMETERY	24d. LOCATION (City, town, or county) (State) FAIRFAX OKLAHOMA
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DATE REC'D BY LOCAL REG. 3-19-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer Sons 1331 130th CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1967 06 19 51

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
Student Embalmer

Signed Charles H. Stehney

Licensed Embalmer No. 4560

P. O. Address K.P. Mo

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 this body is not embalmed, fact should be so stated above.