

No. 300
10. 48

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16116
Registrar's No. 475

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 6 YRS		d. STREET ADDRESS (If rural, give location) 2311 Nth Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2311 Nth Broadway			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) Elizabeth c. (Last) SKAGGS			4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1952				
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 1-1868	9. AGE (In years last birthday) 94	10. MONTHS 2	11. DAYS 11	12. IF UNDER 18 HRS. 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 NONE		11. BIRTHPLACE (State or foreign country) Miller County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Winslow Ponder	13b. MOTHER'S MAIDEN NAME JoAnn Robinson	14. NAME OF HUSBAND OR WIFE Gordon C. Skaggs
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Ethyl Morrow	ADDRESS 2311 Nth Broadway Springfield, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 24 YRS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Feb 1950, to 5-12-52 that I last saw the deceased alive on 5-9-52, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 5-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 12-1952	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Iberia MO
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DATE REC'D BY LOCAL REG. 5-12-52	REGISTRAR'S SIGNATURE James A. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Iberia MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

C. E. Moss

Student Embalmer No. *432*

working under my personal supervision.

Student *Clarence E. Moss*

Student Embalmer

Signed

Walter P. Hedger

Licensed Embalmer No. *4265*

P. O. Address *Iberia 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.