No. 300
10.48

FILED JUN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Skaggs
State File No. 16271

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5556 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Howell 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain View Cal Do Cox Tr.
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Shannon 1010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Winona
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Tony
b. (Middle) Duane
c. (Last) Frank

4. DATE OF DEATH (Month) (Day) (Year) June 2-1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec 26-1939
9. AGE (In years last birthday) 12 — IF UNDER 1 YEAR Months 5 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Canon City, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tony Frank
13b. MOTHER'S MAIDEN NAME Blanch Vanardall
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Blanch Frank — ADDRESS Box 75 Winona, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellatus — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 260X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* June 2, 1952, *that I last saw the deceased alive on* June 2, 1952, *and that death occurred at* 3:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas R Skaggs Md
23b. ADDRESS Mt. View - Mo.
23c. DATE SIGNED June 3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-5-52
24c. NAME OF CEMETERY OR CREMATORY Munsel Chappell
24d. LOCATION (City, town, or county) (State) Eminence Mo.

DATE REC'D BY LOCAL REG. 6-4-52
REGISTRAR'S SIGNATURE Laura Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home — ADDRESS Mt View Mo

(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 _____ Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Joe A. Duncan

Licensed Embalmer No. 4325

P. O. Address Mexico 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.