

# STANDARD CERTIFICATE OF DEATH

State File No. **20540**

FILED MAY 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6244** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Union</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Union 1100</b>	
c. LENGTH OF STAY (In this place) <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cadet</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luzia</b> b. (Middle) <b>Victoria</b> c. (Last) <b>Skaggs</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 11 1953</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1888</b>	9. AGE (In years last birthday) <b>65</b>	10. MONTHS <b>5</b>	11. DAYS <b>11</b>	12. HOURS <b>11</b>	13. MIN. <b>00</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Richwood, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>John Courtney</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Sam Skaggs</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>John H. Skaggs</b> ADDRESS <b>Cadet Mo</b>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma stomach</b>							
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (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 **5/1**, 19**53**, to **5/11**, 19**53**, that I last saw the deceased alive on **5/10**, 19**53** and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. H. Russell</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>Potosi, Mo.</b>		23c. DATE SIGNED <b>5/13/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blackwell Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Washington Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>5/16/53</b>		REGISTRAR'S SIGNATURE <b>A. H. Russell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mar Luther Spahr</b> ADDRESS <b>Potosi Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 19

WASH. COUNTY HEALTH DEPT.

FILE NO. 553-539

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 *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River, 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.