

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42699**

No. 300  
10. 48

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

0500

**FILED DEC 24 1953**

BIRTH NO. _____		REG. DIST. NO. <b>140</b>		PRIMARY REG. DIST. NO. <b>5549</b>		Registrar's No. <b>112</b>		
1. PLACE OF DEATH a. COUNTY <b>Howard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette-Richmond Twp.</b>		c. LENGTH OF STAY (In this place) <b>5 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette-Richmond Twp.</b>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>.....</b>				d. STREET ADDRESS (If rural, give location) <b>.....</b>				
3. NAME OF DECEASED (Type or Print)			a. (First) <b>James</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Skaggs</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 1, 1891</b>		9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>.....</b> Min. <b>.....</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Fayette</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boone Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Elic Skaggs</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Jones</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-36-1827</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs James E. Skaggs Fayette, Mo</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</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 <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Dec 14, 1953</b> , to <b>early</b> , 19____, that I last saw the deceased alive on <b>Nov</b> , 19____, and that death occurred at <b>7:30am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Dennis J. Dean M.D.</b>				23b. ADDRESS <b>Fayette, Mo</b>		23c. DATE SIGNED <b>12-15-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12/16/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harrisburg Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Harrisburg, Mo</b>			
DATE REC'D BY LOCAL REG. <b>12-18-53</b>		REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b>		ADDRESS <b>Fayette, Mo</b>		

DEC 29 19

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.