

FILED JUN 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. **18053**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **604**

1. PLACE OF DEATH
 a. COUNTY **Buchanan**
 b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Joseph**
 c. LENGTH OF STAY (in this place) **40 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Wells Nursing Home 701 S. 17th St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri**
 b. COUNTY **Buchanan**
 c. CITY OR TOWN **St. Joseph**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **Mertland Apt's 01170**

3. NAME OF DECEASED
 a. (First) **Maud**
 b. (Middle) **Mumford**
 c. (Last) **Skaggs**

4. DATE OF DEATH (Month) (Day) (Year)
June 10, 1954.

5. SEX **Female**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
August 28, 1890

9. AGE (In years last birthday) **63**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 24 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
At home

11. BIRTHPLACE (City and State or Foreign Country)
New Market, Iowa.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Fred Walker

13b. MOTHER'S MAIDEN NAME
Lucy Aldera

14. NAME OF HUSBAND OR WIFE
Edgar Skaggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**
 (If yes, give year of entry into service) *****

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Chas. Burri**
ADDRESS **St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Central Hemorrhage**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arteriosclerosis**
 DUE TO (c) **General**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
69454

5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
331X

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)

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 6/4 1954, to 6/10, 1954, that I last saw the deceased alive on 6/9, 1954, and that death occurred at 1:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank N. Deagan M.D.**

23b. ADDRESS **670 Francis St.**

23c. DATE SIGNED **6/12/54**

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
June 12, 1954

24c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State)
St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.
June 16, 1954

REGISTRAR'S SIGNATURE
Bethel M. Allison 485

25. FUNERAL DIRECTOR'S SIGNATURE **Meierhoffer & Tolman**
ADDRESS **St. Joseph, Mo.**

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

JUN 24

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..... Signature of Student Embalmer

Signed *Raymond W. Morehead* Licensed Embalmer No. 4413

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.