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

FILED MAR 19 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

10258

State File No.

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Reynolds
c. CITY OR TOWN: Ellington
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 0900 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Alonzo
b. (Middle): Washington,
c. (Last): Skaggs

**4. DATE OF DEATH** (Month) (Day) (Year): 3-5-56

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 26, 1893
**9. AGE** (In years last birthday): 62
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): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: –
**11. BIRTHPLACE** (City and State or Foreign Country): Redford, Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: George Skaggs
**13b. MOTHER'S MAIDEN NAME**: Lucy Skaggs
**14. NAME OF HUSBAND OR WIFE**: Eva A. Skaggs

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): –
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Eva Skaggs, Ellington, 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) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Influenza — 5 "

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**: 481X
**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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6A. *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Kenneth T Coates (Degree or title) DO
**23b. ADDRESS**: Ellington, Mo
**23c. DATE SIGNED**: 3-6-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-7-56
**24c. NAME OF CEMETERY OR CREMATORY**: Ellington Memorial
**24d. LOCATION** (City, town, or county) (State): Ellington, Mo

DATE REC'D BY LOCAL REG.: 3-9-56
REGISTRAR'S SIGNATURE: Essie Evans
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Chas S. Leavitt Ellington, Mo

(Licensed Embalmer's Statement on Reverse Side)

Received 3-15-56
Reynolds County Heal
File No. 356 - 16

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Chas. S. Perritt.....

Licensed Embalmer No. 45

P. O. Address Ellington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.