

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20099**

FILED JUL 2 1956

BIRTH NO. 864-39-55 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>WASHINGTON</u>		c. LENGTH OF STAY (in this place) <u>12 HRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>		d. STREET ADDRESS (If rural, give location) <u>0 310 SPRINGFIELD ROAD 0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SHIRLEY</u> b. (Middle) <u>DIANNE</u> c. (Last) <u>SKAGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>DEC 29, 1955</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>24</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WASHINGTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>JESSIE SKAGGS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY VALLEY</u>	14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JESSIE SKAGGS SULLIVAN, MO.</u>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reby death + Diarrhea</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Etiology unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition due to neglect</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9260</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>22</u> (COUNTY) (STATE)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Dec 1955, to June 23, 1956, that I last saw the deceased alive on June 22, 1956, and that death occurred at 5:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. Crawford M.D.</u>	23b. ADDRESS <u>Sullivan, Missouri</u>	23c. DATE SIGNED <u>June 24 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 24 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANTHONY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>	
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DATE REC'D BY LOCAL REG. <u>6/26/56</u>	REGISTRAR'S SIGNATURE <u>R. E. Schumann</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan, Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

9-0

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

J. A. Humphrey

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, 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.

2/10/10