

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-022269
STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WARREN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DARDEENE</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>WARRENTON</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>1090 0</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WALLACE</u> Middle <u>SKATTEN</u> Last <u>SKATTEN</u>			4. DATE OF DEATH Month <u>June</u> Day <u>10</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 3 1898</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Franklin County, Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John Skatten</u>			14. MOTHER'S MAIDEN NAME <u>Mary Hoppier</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>48720-6089</u>		17. INFORMANT <u>Rida Skatten Warrenton Mo</u> Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ac Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6-10-57</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr. Hypertension - Essential</u>					
DUE TO (c) <u>with Arteriosclerosis.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour <u>7:30 AM</u> Month, Day, Year <u>6-10-57</u> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Warrenton Mo</u>		COUNTY <u>Mo</u> STATE	

21. I attended the deceased from <u>1-22-54</u> to <u>6-10-57</u> and last saw her alive on <u>6-10-57</u> . Death occurred at <u>7:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>St. John's Hospital</u> (Degree or title)			22b. ADDRESS <u>Warrenton Mo</u>		22c. DATE SIGNED <u>6/12/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>6-12-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jonestown</u>		23d. LOCATION (City, town, or county) (State) <u>Jonestown Mo</u>	
24. FUNERAL DIRECTOR <u>Carl A Harding</u> ADDRESS <u>Jonestown Mo</u>			25. DATE RECD. BY LOCAL REG. <u>June 14-57</u>		26. REGISTRAR'S SIGNATURE <u>E. A. Keithly</u>	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 10 1988

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.....
Carl A. Decker

Licensed Embalmer No. 4

P. O. Address.....
Jonesboro

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.