

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005852

STATE FILE NUMBER

1024

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1024

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research</b>		Length of stay in lb <b>64 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>4426 Norledge</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Lester Skaggs</b>			4. DATE OF DEATH Month Day Year <b>Feb 23 1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 14, 1885</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. R. R. Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroads</b>	11. BIRTHPLACE (City and state or country) <b>Chillicothe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>William D. Skaggs</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Hobbs</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth Skaggs</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>707-10-0282</b>	17. INFORMANT Address <b>Mrs. Ruth Skaggs 4426 Norledge Kans. City, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute thrombosis of superior artery of the R. lung</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2/23-58 12/10-57</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1634</b>	
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE
21. I attended the deceased from <b>12-10-57</b> to <b>2-22-58</b> and last saw him alive on <b>2/22-58</b> Death occurred at <b>2-23-58/4:30 AM</b> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <b>A. Saladino</b> (Degree or title)		22b. ADDRESS <b>1040 Argyle Plaza S.E. U.S.</b>		22c. DATE SIGNED <b>2-24-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/25/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Muehlebach F. H. 6800 Troost</b>		ADDRESS <b>Kansas City Missouri</b>	DATE RECD. BY LOCAL REG. <b>2-25-58</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A. Saladino

All diseases in Part I must be causally related.

*Dr. Lockwood  
August 11, 1911  
1130 -*



**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 *J. T. Crowell* .....

Licensed Embalmer No. *4904* .....  
P. O. Address *K.C. 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.