

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040869  
STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 5844 Registrar's No. \_\_\_\_\_

3. 300  
4. 1-57

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seneca twp</u>		c. CITY OR TOWN <u>Seneca, r.r.t. 1</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>mi. so. of Seneca</u>		d. STREET ADDRESS (If outside, give location) <u>L mi so of Seneca</u>	

3. NAME OF DECEASED (Type or print) First <u>Katherine</u> Middle <u>Ann</u> Last <u>Skaggs</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1958</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 17, 1877</u>	9. AGE (In years last birthday) <u>81</u>	10. F UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	---	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <u>Topeka, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>John Grunden</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth-----</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur Barton Skaggs</u>
---	--	--

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 <u>Lester Skaggs, Seneca, Missouri</u>
--	--	---

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>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
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)		

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 _____ 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 COUNTY _____ STATE _____
---	--	--	--

21. I attended the deceased from <u>Sept 30 - 58</u> to <u>Nov 29 - 58</u> and last saw her alive on <u>Nov 20 - 58</u> Death occurred at <u>5:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <u>John B. Roberts Sr.</u> (Degree or title)	22b. ADDRESS <u>Seneca Mo.</u>	22c. DATE SIGNED <u>Dec. 4 - 58</u>
--	-----------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/1/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Swars Prairie Bapt. Cem. Newton Co. Missouri</u>	23d. LOCATION (City, town, or county) (State)
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>W. E. P. Gleason</u> ADDRESS <u>Seneca mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-5-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>
--	--	--

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6  
0

State File Number 1258-251  
Date Filed Dec 9 1958

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 *W. E. Williams* .....

Licensed Embalmer No. *2174* .....  
P. O. Address *Seneca 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.