

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

59-010649

STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 105

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before death) a. STATE Mo b. COUNTY St. Francois	
b. CITY (If outside corporate limits give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Farmington - rural		c. CITY OR TOWN Valles Mines ⁰⁹⁴⁰	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Mineral Area Osteopathic		d. STREET ADDRESS (If outside, give location) Star Rt Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) NANNIE KATHERINE SKAGG		4. DATE Mar 10 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 13 1905
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Month 8 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Buckhorn, Mo
13. FATHER'S NAME Frank Johnson		12. CITIZEN OF WHAT COUNTRY? usa	
14. MOTHER'S MAIDEN NAME Sarah Bady		17. INFORMANT Doner M Skaggs Address Valles Mines, Mo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No ***		16. SOCIAL SECURITY NO. ***	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X			INTERVAL BETWEEN ONSET AND DEATH 3 hours miss 8 yrs
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 <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>3/10/59</u> to <u>3/10/59</u> and last saw her alive on <u>3/10/59</u> . Death occurred at <u>7:05 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. A. R. K... M.D. (Degree or title)		22b. ADDRESS Dr. A. R. K... Mo	
22c. DATE SIGNED 3/10/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 13 1959	23c. NAME OF CEMETERY OR CREMATORY Hall Cemetery	23d. LOCATION (City, town, or county) (State) Valles Mines, Mo
24. FUNERAL DIRECTOR C. Z. BOYER & SON ADDRESS Bonne Terre Mo.		25. DATE RECD. BY LOCAL REG. Mar. 13, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff

MAR 10 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 *B. T. Boyer*.....

Licensed Embalmer No. *316*

P. O. Address *Desloge, Mo.*

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