

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013227

STATE FILE NUMBER

FILED VS. MAR 31 1960

Primary Registration District No.

Registrar's No.

2 2796

ENDED

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|---|--|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | | | Length of stay in 1b 40 DAYS | | c. CITY OR TOWN FREDERICKTOWN | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT. | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 710 ANDREW STREET | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ROBERT L. SKAGGS | | | | 4. DATE OF DEATH Month Day Year MARCH 8 1960 | | | |
| 5. SEX MALE | | 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 3/18/93 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (last birthday) 66 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 11. BIRTHPLACE (City and state or country) MADISON CO., MO. | | | | 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME BENTON SKAGGS | | | 13b. MOTHER'S MAIDEN NAME MARY BREECE | | | 14. NAME OF HUSBAND OR WIFE OCTA SKAGGS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I | | | 16. SOCIAL SECURITY NO. 495-16-7396 | | 17. INFORMANT OCTA SKAGGS Address 710 ANDREW ST. FREDERICKTOWN, MO. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF ESOPHAGUS | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | 150x | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. | | Month, Day, Year | | | | | |
| 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. <input checked="" type="checkbox"/> attended the deceased from 1/28/60 to 3/8/60 and last saw him alive on 3/8/60 | | Death occurred at 9:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Paul Meiners M.D. | | | | 22b. ADDRESS VAH, ST. LOUIS, MO. | | 22c. DATE SIGNED 3-9-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 3/10/60 | | 23c. NAME OF CEMETERY OR CREMATORY Fredricktown, Mo | | 23d. LOCATION (City, town, or county) (State) Fredricktown, Mo. | |
| 24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd. | | | | 25. DATE RECD. BY LOCAL REG. MAR 10 1960 | | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

me

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. A. Humphreys

Licensed Embalmer No. 477

P. O. Address At (over) M

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.