

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15659

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4214		Registrar's No. 123		
1. PLACE OF DEATH: a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo b. COUNTY Henry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home				d. STREET ADDRESS 0				
3. NAME OF DECEASED (Type or Print) GILBERT WESLEY STAGGS			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH May 12, 1949		(Month)		(Day)		(Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 8, 1878		
9. AGE (In years last birthday) 71		UNDER 1 YEAR		1 YEAR		IF ORDER IN HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? United States		
13a. FATHER'S NAME William Skaggs			13b. MOTHER'S MAIDEN NAME Mary Marris			14. NAME OF HUSBAND OR WIFE Etta Skaggs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ralph Skaggs-Deepwater Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 24 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		ANTECEDENT CAUSES					DUE TO (b) Paralysis	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (c) Hypertension	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Liver & Coarctation					Year 449X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) STATE) Deepwater Henry Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from May 11, 1949, to May 12, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 4-20 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. C. Townsend				23b. ADDRESS Deepwater Mo		23c. DATE SIGNED May 13, 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 49		24c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery		24d. LOCATION (City, town, or county) (State) Montrose, Mo		
DATE REC'D BY LOCAL REG. May 04-49		REGISTRAR'S SIGNATURE Florence Adams		4221		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. J. Varsant		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 4-49-54

Date Filed 5-16-49

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, by

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.