

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6077

BIRTH NO. 45807-49 REG. DIST. 318 PRIMARY REG. DIST. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1302a So 7th near		d. STREET ADDRESS (If rural, give location) 23 = 1302a So 7th (near)	
3. NAME OF DECEASED a. (First) JIMMIE b. (Middle) DALE c. (Last) SKAGGS		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 10, 1949
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Mo. 1302a So 7th (Near) St Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ralph William Skaggs		13b. MOTHER'S MAIDEN NAME Lucy Lizabeth Gibson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr and Mrs Ralph William Skaggs	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Several Congenital Deformities, Club feet, Marasmus, undescended testicles	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deformed left ear.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) W	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7620		22. I hereby certify that I attended the deceased from July 10, 1949, to _____, 19____, that I last saw the deceased alive on July 10, 1949, and that death occurred at 9:15a.m., from the causes and on the date stated above.	
23a. SIGNATURE Leroy E. Ellison M.D.		23b. ADDRESS 3610 So Broadway St Louis Mo.	
23c. DATE SIGNED 7-10-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-12-49		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Colasi, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sparks Fun. Home - Colasi, Mo	
DATE REC'D BY LOCAL REG. JUL 12 1949		REGISTRAR'S SIGNATURE J.B. Scales	

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

*Not Embalmed*

**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 .....  
Student Embalmer,

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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