

16. 300
10. 48

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32193
State File No.

318

1003

Registrar's No. 8164

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Missouri</u>	c. LENGTH OF STAY (in this place) (township) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie, Mo.</u>	d. STREET ADDRESS (If rural, give location) <u>N.R.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Ford</u>	c. (Last) <u>Skaggs, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 1949</u>
-------------------------------------	--------------------------	-------------------------	------------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Belmont, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	---	--

13a. FATHER'S NAME <u>Arch R. Skaggs</u>	13b. MOTHER'S MAIDEN NAME <u>Ross Thurman</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle 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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alma W. Skaggs</u>	ADDRESS <u>East Prairie, Mo.</u>
--	--	---	----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <u>Arteriosclerotic heart disease and Coronary artery sclerosis</u>	DUE TO (c) _____	8 years
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial infarction - 6 years prior to admission.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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) <u>930</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____	21f. HOW DID INJURY OCCUR? <u>4200</u>
--	--	--

22. I hereby certify that I attended the deceased from Sept. 14, 1949, to Sept. 20, 1949, that I last saw the deceased alive on Sept. 20, 1949, and that death occurred at 9:58 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>F.R. Bradley</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>9/20/49</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>SEP 21 1949</u>	REGISTRAR'S SIGNATURE <u>J.B. Lassiter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
---	--	---	--------------------------------------

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

OCT 7 1949

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

J. A. M. Bentley

Licensed Embalmer/No. *3653*

P. O. Address *St Louis 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 this body is not embalmed, fact should be so stated above.