

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38221

74510-49

BIRTH NO. 617 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 416

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

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give town) SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA?	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 413 EAST BROADWAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) LAREN	c. (Last) SKAGGS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 27, 1949	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 14 HRS. Days 1	IF UNDER 14 HRS. Hours 1	IF UNDER 14 HRS. Mins. 1
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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) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James N. Skaggs	13b. MOTHER'S MAIDEN NAME Evelyn E. Kays	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James N. Skaggs	ADDRESS 413 E. Broadway, Sedalia, Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 55 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		
	ANTECEDENT CAUSES Patent Foramen Ovale		
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-27-1949**, to **11-27-1949**, that I last saw the deceased alive on **11-27-1949**, and that death occurred at **7:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Rodeman M.D.	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 11-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 29 Nov, 1949	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 11-29-49	REGISTRAR'S SIGNATURE Betty Yeager Deputy	25. FUNERAL DIRECTOR'S SIGNATURE W. Beckhart	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 5

District Health Officer No. 8.

District File Number.....

Date Filed 12-6-49

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, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Frank S. Coffman

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.