

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41462**

620

BIRTH NO. **12466701-50** REG. DIST. NO. **206** PRIMARY REG. DIST. NO. **0751** Registrar's No. **68**

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

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mill Creek, Smith		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mill Creek, Smith		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mill Creek, Mo			d. STREET ADDRESS Mill Creek, Mo		

3. NAME OF DECEASED (Type or Print) a. (First) Letta b. (Middle) Skaggs c. (Last) Skaggs			4. DATE OF DEATH (Month) (Day) (Year) Dec 2, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Sept. 15, 1950	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mill Creek, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Lee Skaggs	13b. MOTHER'S MAIDEN NAME Octabelle Hargis	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Robert Lee Skaggs	ADDRESS Mill Creek, Mo
---	-----------------------------------	---	----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 7720
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 Aug 28, 1950 to Sept 15, 1950, that I last saw the deceased alive on Sept 22, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. Chlaughty M.D.	23b. ADDRESS Fredericktown, Mo.	23c. DATE SIGNED 12/3/50
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/3/1950	24c. NAME OF CEMETERY OR CREMATORY Burnley Cemetery	24d. LOCATION (City, town, or county) (State) Madison County; Mo
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 12/8/50	REGISTRAR'S SIGNATURE Flourance Victor	25. FUNERAL DIRECTOR'S SIGNATURE John Anderson	ADDRESS Fredericktown, Mo.
--	--	--	--------------------------------------

FREDERICKTOWN, MD.

RECEIVED
DEC 28 1950
RECEIVED

FILE No. 1250-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was} ~~was~~ embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lynman Spunkle

Licensed Embalmer No. 4013

P. O. Address Fredricks town, Md

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.