

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21108

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre</u>	c. LENGTH OF STAY (In this place) <u>6 weeks</u>	c. CITY OR TOWN <u>Farmington</u>	<u>0941</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>311 West First St.</u>	

3. NAME OF DECEASED a. (First) <u>IDA</u> b. (Middle) <u>MAE</u> c. (Last) <u>SKAGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 6, 1910</u>		9. AGE: (In years - last birthday) <u>41</u> <u>5</u> <u>13</u> <u>-</u> <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Madison Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Hovis</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA STEPHENS</u>		14. NAME OF HUSBAND OR WIFE <u>FIRMAN 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>498-033601</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FIRMAN SKAGGS, Farmington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>		DUE TO (b) <u>unknown</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of sigmoid colon, pelvic bones + 1st femur.</u>					<u>1998</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>origin unknown</u>			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) (Min.)		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 April 10, 1951, to June 21, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

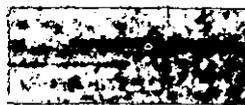
23a. SIGNATURE <u>D. G. K. Watkins, M.D.</u> (Degree or title)		23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>7-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Fredricktown Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 3, 1951</u>		REGISTRAR'S SIGNATURE <u>E. R. Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Dajin, Jr. Fredricktown, Mo.</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL - 8 1951

RECEIVED



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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *William B O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown 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.