

5. No. 300  
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10441

State File No. ....

FILED MAR 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 20

0540  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dover Twp</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0540</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile West of Hodge Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>1 Mile West of Hodge Mo.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Steve</u> c. (Last) <u>Skaggs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 17 - 53</u>		
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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>Jan. 23 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Repair Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ewell Skaggs</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice Skaggs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>487-03-3939</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bernice Skaggs (Wife Hodge Mo.)</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate</u>		
	ANTECEDENT CAUSES <u>with metastatic nodes</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prostate gland issues</u> 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"/>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Jan 16, 1951, to March 1953, that I last saw the deceased alive on 3/17, 1953, and that death occurred at 5:42 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Waverly</u>	23c. DATE SIGNED <u>3/18/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cordor Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 18-1953</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall F. Home (Carrollton Mo.)</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 7 1953

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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 R. M. Mearns, Jr.

Licensed Embalmer No. 4469

P. O. Address Parsonston

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.