0.300
0.48

75-0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25802

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 30

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

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thayer
c. LENGTH OF STAY (in this place) 12yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thayer 0750
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) c. (Last) SKAGGS

4. DATE OF DEATH (Month) (Day) (Year) July 29, 1953

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 7
8. DATE OF BIRTH Dec. 29, 1883
9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Railroad employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Stoddard Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William B. Skaggs
13b. MOTHER'S MAIDEN NAME Tennessee Barrett
14. NAME OF HUSBAND OR WIFE Cinda Davis Skaggs

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. 702-07-1730
17. INFORMANT'S SIGNATURE OR NAME S. G. Skaggs ADDRESS Thayer, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* July 29, 1953, *and that death occurred at* 8:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lee Doc Martin Coron
23b. ADDRESS Thayer Mo
23c. DATE SIGNED 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 7/31/53
24c. NAME OF CEMETERY OR CREMATORY Thayer, Cemetery
24d. LOCATION (City, town, or county) (State) Thayer, Mo.

DATE REC'D BY LOCAL REG. 7-31-53
REGISTRAR'S SIGNATURE Arthur Wolff 4618
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1955
NOV 18 1955
SEP 28 1954

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.