

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25958

State File No.

No. 300
10.48

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (If this place) <u>1 day</u>	c. CITY OR TOWN <u>Glasgow</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McComard Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

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

4. DATE OF DEATH July 21, 1953
(Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct 29, 1875
9. AGE (In years last birthday) 77 if under 1 year: Months _____ Days _____ if under 1 mth: Hours _____ Mins _____

10. USUAL OCCUPATION (Other kind of work done during working life, or if retired) Feed Store Employee 10b. KIND OF BUSINESS OR INDUSTRY Feed Store 11. BIRTHPLACE (City and State, or Foreign Country) Glasgow Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel Skaggs 13b. MOTHER'S MAIDEN NAME Elenabeth Thorpe 14. NAME OF HUSBAND OR WIFE Anna McCrory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year so, if unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY Not available 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Skaggs ADDRESS Glasgow Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (e)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C.A. of omentum
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 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) 158X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 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 July 20, 1953, to July 21, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. McComard D.O. 23b. ADDRESS 300 1/2 Reed St. Moberly Mo. 23c. DATE SIGNED 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 24, 1953 24c. NAME OF CEMETERY OR CREMATORY Washington 24d. LOCATION (City, town, or county) (State) Glasgow Mo

DATE REC'D BY LOCAL REG. 7-24-53 REGISTRAR'S SIGNATURE 269 25. GENERAL DIRECTOR'S SIGNATURE Charles Bellant's Town ADDRESS Rudsey-Fremont, Glasgow Mo.

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

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

Signature *W. H. Triemont*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.