

FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16290

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 187	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (in this place) 10 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Independence		7005	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 West Ruby Street				d. STREET ADDRESS (If rural, give location) 205 West Ruby Street			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) F.		c. (Last) Skaggs		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 10, 1966	
9. AGE (in years) last birthday 88		10. UNDER 1 YEAR Months 1 Days 1		11. UNDER 24 HRS. Hours - Min. -		11. BIRTHPLACE (City and State or Foreign Country) 0 Attewilte, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nimrod Cayton		13b. MOTHER'S MAIDEN NAME Elizabeth Stock		14. NAME OF HUSBAND OR WIFE Perry Skaggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR ADDRESS Mayme Carlson- 205 West Ruby St. Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atherosclerosis Heart Disease</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Long History of Heart Trouble</i> 21. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPERATION 4200 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>		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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE <i>Frank H. Owens</i>		(Degree or title) <i>Physician</i>		23b. ADDRESS <i>1234 Peach Blossom</i>		23c. DATE SIGNED <i>5-11-54</i>	
24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24b. DATE <i>5-11-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Smithton Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Smithton, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>5-11-54</i>		REGISTRAR'S SIGNATURE <i>Frank H. Owens</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>William L. Kelly</i>		ADDRESS <i>Independence, Mo.</i>	

(Licensed Embalmers' Statement on Reverse Side)

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

JUN 14 1951

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

Guy J. Shuttles

Licensed Embalmer No. 4700

P. O. Address Independence, Missouri

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.