

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) OR TOWN Independence		c. LENGTH OF STAY (In this place) 10 Yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 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) a. (First) Mary b. (Middle) 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 Days 1 11. UNDER 1 MRS. Hours 1 Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) 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	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mayme Carlson- 205 West Ruby St. Independence, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis Heart Disease		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 Long History of Heart Trouble					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) Motor		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 Frank H. Owens (Degree or title) Registrar		23b. ADDRESS 1234 Peach Blossom		23c. DATE SIGNED 5-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-11-54		24c. NAME OF CEMETERY OR CREMATORY Smithton, Cemetery	
				24d. LOCATION (City, town, or county) (State) Smithton, Missouri	

DATE REC'D BY LOCAL REG. 5-11-54		REGISTRAR'S SIGNATURE Frank H. Owens		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter L. Kelly - Independence, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 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. Shetter*

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.