

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26480

3721

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Kansas City Mo.		c. LENGTH OF STAY (in this place) 2 mo.		c. CITY OR TOWN Rockville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Childrens Mercy Hosp.				STREET ADDRESS (If rural, give location) R #1 Box 2A			
3. NAME OF DECEASED (Type or Print) a. (First) Willis			b. (Middle) Eugene		c. (Last) Skaggs		4. DATE OF DEATH (Month) (Day) (Year) 8 - 22 - 55
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH 4 - 30 - 1946	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sheldon Mo.		12. COUNTRY OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Willis Skaggs			13b. MOTHER'S MAIDEN NAME Helen Dickinson		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Skaggs Rockville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac Decompensation  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inter-Ventricular septal defect; tricuspid insufficiency 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  7542	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 6-23-55, 19__, to 8-22, 1955, that I last saw the deceased alive on 8-22, 1955, and that death occurred at 3:14 am., from the causes and on the date stated above.							
23a. SIGNATURE Wayne Hart (Degree or title) 0				23b. ADDRESS 7220 1710 Indop Ave, K.C. Mo.		23c. DATE SIGNED 8-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-23-55	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) NEVADA Mo.		
DATE REC'D BY LOCAL REG. 8-23-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody Mc Silley - Cplaw K.C. Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 49

P. O. Address. KCM

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.