

28794

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6241</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Breton Twp</u>		c. LENGTH OF STAY (In this place) <u>3 Wks</u>		c. CITY OR TOWN <u>Rural</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Near Petoski</u>				e. STREET ADDRESS (If rural, give location) <u>Near Petoski</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winfield</u> b. (Middle) <u>Justin</u> c. (Last) <u>Skagge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 1 1875</u>		
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford Co. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Skagge</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Skagge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William Skagge St. Louis Mo</u> ADDRESS _____				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Left side brain</u> 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 <u>33ix.</u>				20. AUTOPSY? YES <input 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 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 <u>1/1</u> , 19 <u>52</u> to <u>8/22</u> , 19 <u>55</u> that I last saw the deceased alive on <u>8/1</u> , 19 <u>55</u> and that death occurred at <u>9:25 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. F. Kessner M.D.</u> (Degree or title)				23b. ADDRESS <u>Petoski Missouri</u>		23c. DATE SIGNED <u>8/26/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery Bonne Terre Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>8/26/55</u>		REGISTRAR'S SIGNATURE <u>Arthur Rudall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Sparks</u> ADDRESS <u>Petoski Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED

AUG 20 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Murphy Sparks* _____
Licensed Embalmer No. *4356* _____

P. O. Address *Sparks* _____

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.