

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 21660

Registration District No. 316 Primary Registration District No. 6070 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL LIBERTY TWP. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN FREDERICKTOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE H. Length of stay in 1b		d. STREET ADDRESS RFD # 3 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ORVILLE C. SKAGGS First Middle Last			4. DATE OF DEATH MAY 3 1956 Month Day Year
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 12 1930
9. AGE (In years last birthday) 25	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MINIMUM MO.	12. CITIZEN OF WHAT COUNTRY? USA.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.		13. FATHER'S NAME LAWRENCE SKAGGS.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME ZELLA MILLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES. 9-17-48 9-17-49		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT MARTHA JANE SKAGGS Address FREDERICKTOWN RFD # 2 MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture and multiple injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Junc. vessel: Injuries received DUE TO (c) in automobile collision 8164 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 26			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) collision between two automobiles		
20c. TIME OF INJURY Hour a. m. p. m. 5/3/56 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway H.	
20f. CITY, TOWN, OR LOCATION St. Francis MO.		20g. COUNTY MO.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl Miller (Degree or title) Coroner		22b. ADDRESS Farmington MO.	22c. DATE SIGNED 5/5/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/6/56	23c. NAME OF CEMETERY OR CREMATORY ASHLOCK CEM.	23d. LOCATION (City, town, or county) (State) SILVERMINES MO.
24. FUNERAL DIRECTOR L. W. Adams ADDRESS FREDERICKTOWN MO.		25. DATE RECD. BY LOCAL REG. 6-16-1956	26. REGISTRAR'S SIGNATURE Cather Rudloff

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

All symptoms will be listed. All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Raymond B. Wilson*

Licensed Embalmer No. *488*

P. O. Address *Fredonia*

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.