

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008617
State File No.

FILED FEB 24 1958

BIRTH NO. REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6254 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, CEDAR CREEK TOWNSHIP		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) LIFETIME		d. Is 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 NEAR CASCADE, Mo.		e. STREET ADDRESS (If rural, give location) NEAR CASCADE 1110	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) SKAGGS		4. DATE OF DEATH (Month) (Day) (Year) 2-10-1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1-27-1875
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months 0 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) MADISON Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY SKAGGS		13b. MOTHER'S MAIDEN NAME JANE EASON	
14. NAME OF HUSBAND OR WIFE DECEASED			
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 NELLIE COOK		ADDRESS CASCADE 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, aneurysm, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Stenosis		INTERVAL BETWEEN ONSET AND DEATH 12 mos.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4211	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4211			
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 Jan 1957, to Feb 1958, that I last saw the deceased alive on Jan 20, 1958, and that death occurred at 6 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) O.A. Myers M.D.		23b. ADDRESS Baldwin, Mo.	
23c. DATE SIGNED 2-15-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-12-1958	
24c. NAME OF CEMETERY OR CREMATORY LOWER GRASSY CEM.		24d. LOCATION (City, town, or county) (State) GRASSY Mo.	
DATE REC'D BY LOCAL REG. 2-17-58		REGISTRAR'S SIGNATURE Nettie M. Ward	
25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME		ADDRESS LUTESVILLE Mo.	

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

RECEIVED
FEB 18 1958
WAYNE CO. HEALTH CENTER
FILE NO. _____

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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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va.

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.