Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023028
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. — Length of stay in Ib 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Madison
c. CITY OR TOWN Fredericktown — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 709 Andrews St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First WILLIAM Middle LAFATE Last SKAGGS
4. DATE OF DEATH Month June Day 18 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 21, 1877
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Cleaner
10b. KIND OF BUSINESS OR INDUSTRY City Street Dept.
11. BIRTHPLACE (City and state or country) Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Benton Skaggs
14. MOTHER'S MAIDEN NAME Mary Jane Breece
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs. Clara E. Skaggs Address Fredericktown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis, involving intestines liver & peritoneum — 2-3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) origin undetermined with
DUE TO (c) intestinal obstruction & peritonitis — 1 day.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1992
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 17, 1958 to June 18, 1958 and last saw him alive on June 18, 1958. Death occurred at 10:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Marvin T. Haw, Jr. M.D. (Degree or title)
22b. ADDRESS Bonne Terre, Mo
22c. DATE SIGNED 6-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/22/58
23c. NAME OF CEMETERY OR CREMATORY Old Trace Creek Cemetery
23d. LOCATION (City, town, or county) Madison County, Mo. (State)
24. FUNERAL DIRECTOR Najim Funeral Home, ADDRESS Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG. June 21, 1958
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles McCarty

Licensed Embalmer No. 48

P. O. Address Frederick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.