Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014166
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 218 Primary Registration District No. 4 Registrar's No.

1. PLACE OF DEATH a. COUNTY Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie Mo. Inside Limits Yes # No ☐	c. CITY OR TOWN East Prairie Mo. 0671 Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) East Prairie Mo. Length of stay in lb 8 Years	d. STREET ADDRESS (If outside, give location) 305 Grand Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Middle Last Jesse J. Skaggs	4. DATE OF DEATH Month Day Year April 25-59

5. SEX Male	6. COLOR OR RACE White	7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 3-1898	9. AGE (In years last birthday) 61	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) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Belmont Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A.R. Skaggs	13b. MOTHER'S MAIDEN NAME Ross Thurman	14. NAME OF HUSBAND OR WIFE Mrs. Mary Alice Skaggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mary Alice Skaggs East Prairie Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cancer of Pancreas — INTERVAL BETWEEN ONSET AND DEATH ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pylonic obstruction of stomach

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Mar 19-59 to April 25-59 and last saw her/him alive on Apr 10-59

Death occurred at E Prairie Mo m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Flint Boudreaux M.D.	22b. ADDRESS Cairo Ill	22c. DATE SIGNED 4/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 27-59	23c. NAME OF CEMETERY OR CREMATORY W.O.W.	23d. LOCATION (City, town, or county) (State) East Prairie Mo. Mo.

24. FUNERAL DIRECTOR ADDRESS Travis Shelby Jr. East Prairie Mo	25. DATE RECD. BY LOCAL REG. 5-11-59	26. REGISTRAR'S SIGNATURE Thomas C Dundon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Date Filed 5-9-52

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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address Fort Prairie

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.