OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041459
STATE FILE NUMBER

FILED VS NOV 24 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 440

MENDED

1. PLACE OF DEATH
a. COUNTY ~~Bonne Terre, Mo.~~ St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dead On Arrival ~~At Bonne Terre Hospital~~ — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN Bonne Terre, Mo. RR # 2 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR # 2 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: Louise Last: Skaggs
4. DATE OF DEATH Month: Nov Day: 20 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/13/59
9. AGE (last birthday): ~~7 Days~~ — IF UNDER 1 YEAR: Months / Days: 7 — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo. RR#2
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Skaggs
13b. MOTHER'S MAIDEN NAME: Sarah May Summers
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: William Skaggs, Address: Bonne Terre, Mo. RR # 2

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) Presumed to be natural causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Investigated by Berl Miller, Coroner of St. Francois County, Missouri)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 _____, to _____ and last saw her/him alive on _____
Death occurred at ABT. 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Esther Rudloff (Degree or title) Local Registrar
22b. ADDRESS Realty Building Farmington, Missouri
22c. DATE SIGNED 11/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/22/59
23c. NAME OF CEMETERY OR CREMATORY Vivit Cemetery
23d. LOCATION (City, town, or county) (State) Blackwell, Mo.

24. FUNERAL DIRECTOR ADDRESS Sparks Funeral Home, Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 21, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address_____

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