URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-012260
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY St. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.
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 LEADINGTON
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Otto Middle: H. Last: SKAGGS
4. DATE OF DEATH Month: MAR Day: 15, Year: 1960
5. SEX MALE
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH DEC 16, 1883
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (City and state or country) MINE LA MOTTE Mo.
12. CITIZEN OF WHAT COUNTRY United States.
13a. FATHER'S NAME LARK SKAGGS
13b. MOTHER'S MAIDEN NAME ELIZEBETH EDEN
14. NAME OF HUSBAND OR WIFE EMMA SKAGGS.
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. 493-07-9441
17. INFORMANT MRS. EMMA SKAGGS Address LEADINGTON

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

BY AFFIDAVIT OF

21. I attended the deceased from Feb 15-60, to Mar 15-60 and last saw ~~the~~ him alive on Mar 15-60
Death occurred at 8:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. H. Applebury (Degree or title) MD
22b. ADDRESS Bonne Terre Mo
22c. DATE SIGNED 3-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Dec 18, 1960
23c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEM.
23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.

24. FUNERAL DIRECTOR R. CALDWELL & SONS ADDRESS FLAT RIVER, MO
25. DATE RECD. BY LOCAL REG. Mar. 17, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Donald Dale Caldwell, Student Embalmer No. 58

working under my personal supervision.

Student Donald Dale Caldwell. Signed R. Caldwell

Signature of Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Pilot River,

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