URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960 149

-60-023393

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2999

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 DAYS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 620 North River
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ola Middle Wilma Last Skaggs
4. DATE OF DEATH: Month June Day 1 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JUNE 18 1897
9. AGE (last birthday): 62 yrs.
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): POWER MACHINE OP. BETTY ROSE.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): WARSAW MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: SAMUEL WALTHALL
13b. MOTHER'S MAIDEN NAME: SARAH —
14. NAME OF HUSBAND OR WIFE: WILLIAM H. 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.: 487 03 6776
17. INFORMANT: WILLIAM H. SKAGGS Address: 620 NO. RIVER ROAD.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Congestive Heart failure	2 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Idiopathic Internal Hemorrhage	18 Hours
DUE TO (c)		

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 1950 to 6-1-60 and last saw her him alive on 6-1-60
Death occurred at 10:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) W. T. Hubbard M.D.
22b. ADDRESS 104 1/2 W. Maple Independence-Missouri
22c. DATE SIGNED 6-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 4, 1960
23c. NAME OF CEMETERY OR CREMATORY OAK RIDGE CEM
23d. LOCATION (City, town, or county) INDEPENDENCE (State) MISSOURI
INDEPENDENCE, MISSOURI
24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 6-3-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF W. T. Hubbard

DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Norman W. Thorson

Signature of Student Embalmer

Licensed Embalmer No. 4889

P. O. Address M. G. Ala

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.