

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040617

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 111

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 4 1963

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		Length of stay in 1b <u>9 days</u>	c. CITY OR TOWN <u>FREDERICKTOWN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MADISON Co. Memorial Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>William Hampton Skaggs</u>			4. DATE OF DEATH Month Day Year <u>Oct 29, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-6-1880</u>
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>MADISON County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>P.G. SKAGGS</u>	
13b. MOTHER'S MAIDEN NAME <u>MIRIAH PRUETT</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE SKAGGS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>SILAS SKAGGS, FREDERICKTOWN, Mo.</u>		Address <u>Route 1,</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial infarct.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			<u>years</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>			<u>years.</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>March 1, 1956</u> to <u>Oct. 29, 1963</u> and last saw ^{her} him alive on <u>Oct 28, 1963</u> Death occurred at <u>224 a m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles Mulachas MD</u>		22b. ADDRESS <u>Fredricktown, Missouri</u>	22c. DATE SIGNED <u>Oct 30 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-31-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>SAM NAJIM, JR., FREDERICKTOWN, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10-31-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300	DATE AMENDED
Rev. 4/59	
<u>0621</u>	
<u>20630</u>	
3	
4 <u>0</u>	
5 <u>3</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
<u>4200</u>	
10	
11	
12 <u>1-0</u>	
13 <u>1-0</u>	

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 Robert L. Seabaugh, Student Embalmer No. 702
working under my personal supervision.

Student Robert L. Seabaugh
Signature of Student Embalmer

Signed Sam Sajin, Jr

Licensed Embalmer No. 4299

P. O. Address Fredenshtown, Mo.

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.

1230
0000
0000
0000
0-1