

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSkaggs 38009
State File No. 258 257

FILED OCT 28 1953

BIRTH NO.		REG. DIST. NO. 336	PRIMARY REG. DIST. NO. 6131	Registrar's No. 258 257
1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Shannon		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Teresita		c. LENGTH OF STAY (in this place) 9 months	c. CITY OR TOWN Montier	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1010		
3. NAME OF DECEASED (Type or Print)		a. (First) Nancy	b. (Middle) Sadie	c. (Last) Annar Thomas
5. SEX F		6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug. 24- 1884
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 10	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Shannon County Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Rose		13b. MOTHER'S MAIDEN NAME Sarah Upton
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Elvis Thomas		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiac Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan 15, 1952</u> , to <u>Sept 21, 1953</u> , that I last saw the deceased alive on <u>Sept 21, 1953</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Thomas R Skaggs M.D.</u>		(Degree or title)		23b. ADDRESS <u>Mt. View Mo</u>
23c. DATE SIGNED <u>Oct 6-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Turkey Oak</u>
24d. LOCATION (City, town, or county) (State) <u>Montier, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10-16-53</u>		REGISTRAR'S SIGNATURE <u>Robert Rose</u>		447
25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn View, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 6 1954

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 *Joe P. Duncan*
Licensed Embalmer No. *432*
P. O. Address *Mt. View*

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.