

5. No. 300  
V. 10-48

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2304

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL PERRY TWP. 0940</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>E. BONNE TERRE-PERRY TWP.</b>		d. STREET ADDRESS (If rural, give location) <b>E. BONNE TERRE 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>PERRY</b> c. (Last) <b>SKAGGS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 7 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 9, 1874</b>	9. AGE (In years last birthday) <b>76</b> if under 1 year <b>5</b> Months <b>28</b> Days if under 1 week <b>0</b> Hours <b>0</b> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILL WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ST. JOSEPH LEAD CO</b>	11. BIRTHPLACE (State or foreign country) <b>WASHINGTON Co. Mo 0</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES G. SKAGGS</b>	13b. MOTHER'S MAIDEN NAME <b>JUDY PECK</b>	14. NAME OF HUSBAND OR WIFE <b>HATTIE SKAGGS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NONE</b>	16. SOCIAL SECURITY NO. <b>490-03-1434</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HATTIE SKAGGS</b> ADDRESS <b>BONNE TERRE</b>
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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, ashenia, etc.* It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>  <b>4 2 2 2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown</b>		
	DUE TO (c) <b>cerebral hemorrhage</b>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-10, 1948**, to **Jan 7, 1951**, that I last saw the deceased alive on **12-27, 1950**, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. L. Evans</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Bonne Terre Mo</b>	23c. DATE SIGNED <b>1-9-1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BONNE TERRE</b>	24d. LOCATION (City, town, or county) (State) <b>BONNE TERRE MO</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 9, 1951</b>	REGISTRAR'S SIGNATURE <b>Esther R. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0940

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clarence J. Raywell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Bonnie June M.*

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 this body is not embalmed, fact should be so stated above.