

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38209**

FILED NOV 30 1950

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 367

2940

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

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) <b>Iron Township Rural</b>		c. LENGTH OF STAY (in this place) <b>0940</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Iron</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>HOBERT</b> c. (Last) <b>SKAGGS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov-11-1950</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>Oct-11-1988</b>		9. AGE (in years last birthday) <b>62</b>		# UNDER 1 YEAR <b>1</b> Months		# UNDER 6 HRS. <b>0</b> Hours	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Crowford County, Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>George Skaggs</b>			13b. MOTHER'S MAIDEN NAME <b>Manda Martin</b>			14. NAME OF HUSBAND OR WIFE <b>Birdie Askins Skaggs</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-14-9078</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Birdie Skaggs, Iron Mountain, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Scams of Prosthetic Heart</b> INTERVAL BETWEEN ONSET AND DEATH <b>1947-</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio Sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>177X</b>					
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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 1-10, 1947, to 11-11, 1950, that I last saw the deceased alive on 11-1, 1950, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James H. Buchanan MD. U</b>		23b. ADDRESS <b>Bismarck, Missouri</b>		23c. DATE SIGNED <b>11-13-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov-14-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dillard Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dillard, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Nov 13, 1950</b>		REGISTRAR'S SIGNATURE <b>Ether Rudolph</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SPARKS Flat River, Mo</b>	
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 19 1950  
RECEIVED

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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.....

*Murphy L. Parks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4336*

P. O. Address *Flat River Me*

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.