

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26054

State File No.

FILED AUG 3 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 257

942

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u> <u>0942</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dollie</u> b. (Middle) <u>W.</u> c. (Last) <u>SKAGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 22 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>SEPT. 23, 1877</u>	9. AGE (In years last birthday) <u>75</u> 9 Months <u>29</u> Days <u>29</u> Hours <u>0</u> Mins. <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miner La Motte, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES WATTS</u>		13b. MOTHER'S MAIDEN NAME <u>Mickey Moore</u>		14. NAME OF HUSBAND <u>George Skaggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Hazel Best Flat River, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3d</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Mononucleosis (1 side)</u>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbidity 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. <u>During effusion 1 side Accepted funeral registry Infection</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June</u> , 1953, to <u>July 22</u> , 1953, that I last saw the deceased alive on <u>7-22</u> , 1953, and that death occurred at <u>11 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Al Sachs M.D.</u>		23b. ADDRESS <u>Dealege, Mo.</u>		23c. DATE SIGNED <u>7-24-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 25 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	
24d. LOCATION (City, town, or county) (State) <u>Potosi, Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>JULY 24, 1953</u>		24f. REGISTRAR'S SIGNATURE <u>Ethel Russell</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>		24h. ADDRESS <u>Flat River, Mo.</u>		24i. (Licensed Emballer's Statement on Reverse Side)	

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
Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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 this body is not embalmed, fact should be so stated above.