MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 4400 Registrar's No. 4 0007513 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED — FILED MAR 10 1965

VS 300
Rev. 4/59

1 0780
2 0780
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4 1
5 1
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12 90-8
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			2

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bragg City
Length of stay in 1b: 5 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Delivery
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Bragg City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): General Delivery
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida Middle: Catherine Last: Skaggs

4. DATE OF DEATH: Month: February Day: 23, Year: 1965

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-28-1901

9. AGE (last birthday): 63

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: X

11. BIRTHPLACE (City and state or country): Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dan Duckworth, deceased

13b. MOTHER'S MAIDEN NAME: Sophie Stubblefield, deceased

14. NAME OF HUSBAND OR WIFE: William H. Skaggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No X

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William H. Skaggs, Address: Bragg City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Unknown- Natural. This person died with-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
out medical attention. Coroner notified.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 ____ to ____ and last saw her/him alive on ____
Death occurred at 6:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charlotte E. Sloan, Local Registrar

22b. ADDRESS: Hayti, Mo.

22c. DATE SIGNED: 2-25-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-25-1965

23c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery

23d. LOCATION (City, town, or county) (State): Wardell, Mo.

24. FUNERAL DIRECTOR ADDRESS: Osburn Funeral Home, Wardell, Mo.

25. DATE RECD. BY LOCAL REG.: 3-1-65

26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1965

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.