

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0003315

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 31

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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9420.1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED FEB 2 1966		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)	
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		a. STATE Mo. b. COUNTY St. Francois	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.		Length of stay in 1b		c. CITY OR TOWN Bonne Terre	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. AGE (last birthday)	
First Middle Last Clarence Earl Skaggs		Month Day Year January 17 1966		62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-13-03	9. 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) General Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Crawford, County, Mo. U.S.A	
13a. FATHER'S NAME Samuel Perry Skaggs		13b. MOTHER'S MAIDEN NAME Hattie Huitt		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. 490-28-7567		17. INFORMANT Stanley Skaggs Address Rt. 1 Bonne Terre	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarction					2 days
DUE TO (b) Arteriosclerotic heart disease					
DUE TO (c) _____					
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.
Gangrene of right lower leg due to anterior occlusion					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-17-66 to 1-17-66 and last saw him alive on 1-17-66		Death occurred at 11:40 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 1-25-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-20-66		23c. NAME OF CEMETERY OR CREMATORY Bonne Terre	
23d. LOCATION (City, town, or county) Bonne Terre		(State) Mo.			
24. FUNERAL DIRECTOR C. Z. Boyer & Son, Bonne Terre		ADDRESS		25. DATE RECD. BY LOCAL REG. Jan 25, 1966	
				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

2000-1-30-66
X
X
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Burial Permit issued Jan 30-66

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 Earl T. Boyer Jr

Licensed Embalmer No. 5117

P. O. Address Rome Tenn, 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.