S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5767

State File No. 457

Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Hatton Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~[illegible]~~ At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Hatton Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ?

3. (a) PRINT FULL NAME: Russell Lee Skipper

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: Single

6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: Sept 14 1925 (Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace: Granite City (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Student

11. Industry or business: M U

MOTHER FATHER

12. Name: Virgil Skipper

13. Birthplace: Vandalia (City, town, or county) Ill (State or foreign country)

14. Maiden name: Daisy Neal

15. Birthplace: Middletown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Virgil Skipper
(b) Address: Hatton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 31 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: R Owens
(b) Address: Columbia

19. (a) 1-31-1947 (Date received local registrar) (b) [illegible] (Registrar's signature)

38 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan y day: 28th
year: 1947 hour: 8 minute: A.M.

21. I hereby certify that I attended the deceased from December 17, 1946, to Jan. 8, 1947, that I last saw h. alive on Jan 8, 1947. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 1. Paroxysmal ventricular tachycardia	Unknown.
Due to: Myocardial Hypertrophy	Unknown.
Due to: Coarctation of the aorta	21 yr.
Other conditions (Include pregnancy within 3 months of death): Infarcts of spleen & lung	

Major findings:
Of operations: [illegible]
Of autopsy: Coarctation of aorta. Infarcts of spleen & lung.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: George F Trable (M. D. or other)
Address: Univ. Hosp. Columbia, Mo Date signed: Jan 28/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-11-47

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, ~~only~~ .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lyman H. Steinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.