

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12636

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 391	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE MO			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 6 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN REPUBLIC REPUBLIC TWP.		0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL				d. STREET ADDRESS (If rural, give location) SOUTH SIDE TOWN HOME			
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) EDITH c. (Last) SKELTON			4. DATE OF DEATH (Month) (Day) (Year) 4 24 1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 11-20-1900		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY INDIAN SCHOOLS		11. BIRTHPLACE (State or foreign country) HOWELL COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT B. SKELTON		13b. MOTHER'S MAIDEN NAME FLORENCE BRYAN		14. NAME OF HUSBAND OR WIFE NONE			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT B. SKELTON, REPUBLIC, MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO (c) Rheumatic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none 4/16X			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) m.		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 July 1949, to April 24, 1950, that I last saw the deceased alive on April 24, 1950, and that death occurred at 9:00 A. M., from the causes and on the date stated above.							
23a. SIGNATURE John G. Esch, M.D. (Degree or title)				23b. ADDRESS Republic, Mo.		23c. DATE SIGNED 4/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-26-1950		24c. NAME OF CEMETERY OR CREMATORY WADE CHAPEL CEMETERY		24d. LOCATION (City, town, or county) (State) GREENE COUNTY MISSOURI	
DATE REC'D BY LOCAL REG. 4-27-50		REGISTRAR'S SIGNATURE W. Z. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Rean Harris CLEVER, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 1954

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.....

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cliver, 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.