

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13499**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **178**

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 1320 Va.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1320 Va.			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Charles c. (Last) Skelton			4. DATE OF DEATH (Month) (Day) (Year) April 6 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 4, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor		10b. KIND OF BUSINESS OR INDUSTRY building		11. BIRTHPLACE (State or foreign country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A	

13a. FATHER'S NAME Jim Skelton	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Narsis Skelton
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Narsis Skelton 1320 Va.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Endocardial Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 years 4/2 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10/11 1948**, to **April 6, 1950**, that I last saw the deceased alive on **March 28 1950**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Schuster M.D.	23b. ADDRESS 421 Frisco Bldg., Joplin, Mo	23c. DATE SIGNED 4/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-10-50	24c. NAME OF CEMETERY OR CREMATORY Forest Park	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 4-11-50	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin
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RECEIVED 4/15/50

Jasper County Health Office

County File Number 50-4-308

Date Filed 4-18-50

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jasper Co 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.