No. 300
10-48

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

10-16-0 3718
FILED NOV 22 1950
Reg.# 89463

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39455

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2771

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF.BRKS,MO.
c. LENGTH OF STAY (In this place): 22days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN.HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PHELPS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROLLA
d. STREET ADDRESS (If rural, give location): R. R. #3

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): E.
c. (Last): SKYLES

4. DATE OF DEATH (Month) (Day) (Year): 11-16-50

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 2-8-13
9. AGE (In years last birthday): 37 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): ROLLA,MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HEZIKIAH SKYLES
13b. MOTHER'S MAIDEN NAME: TISHA BALANCE
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS,JEFF.BRKS,MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNEC'S CIRRHOSIS — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

5811

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5811
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26-50, 19___, *to* 11-16-50, 19___, ~~and that I saw the deceased alive on 19___~~, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): MD
23b. ADDRESS: VAH, JEFFERSON BARRACKS,MO.
23c. DATE SIGNED: 11-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-17-50
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Rolla Cemetery
24d. LOCATION (City, town, or county) (State): Rolla Mo

DATE REC'D BY LOCAL REG.: 11-17-50
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: HOLLOW FUNERAL HOME, Rolla,Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 195

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed J. Allen Davis, Jr

Signed .....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address St Louis, 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.