

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43332**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **6153** Registrar's No. **31**

103.0

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>R. 2, 11</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Pike</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>McClure</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sainton, Mo.</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROSS</b>	b. (Middle) <b>LEROY</b>	c. (Last) <b>SKILES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Feb. 6, 1878</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 18 Wks.
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>barber</b>	11. BIRTHPLACE (State or foreign country) <b>McClure, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	Months	Days

13a. FATHER'S NAME <b>Leroy Skiles</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Louise McRaven</b>	14. NAME OF HUSBAND OR WIFE <b>Wirtle Skiles</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Olga Reame</b>	ADDRESS <b>Sainton, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Endocarditis</b>		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) <b>Arteriosclerosis</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4214</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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, 1950**, to **10/26, 1950**, that I last saw the deceased alive on **10/26, 1950**, and that death occurred at **4:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. A. Clene md.</b>	23b. ADDRESS <b>Osage Mo</b>	23c. DATE SIGNED <b>10/28/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 29, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friday Cemetery</b>	24d. LOCATION (city, town, or county) (State) <b>McClure, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>11-2-50</b>	REGISTRAR'S SIGNATURE <b>Bennie Moore</b>	3 FO	25. FUNERAL DIRECTOR'S SIGNATURE <b>loyd S. Norman</b>	ADDRESS <b>Osage Mo</b>
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DEC 29 1950

RECEIVED

DEC 18 1950

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 \_\_\_\_\_

*William H. Meyer*

working under my personal supervision.

Student Embalmer No. ....

Signed

*William H. Meyer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.