

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1627

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 2

510

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION: at home		d. STREET ADDRESS (If rural, give location) Holden, Missouri S. Pine	

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Franklin c. (Last) Skerlock			4. DATE OF DEATH (Month) (Day) (Year) January 4, 1951			
5. SEX male U	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Oct 20, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Holden, Missouri U		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Skerlock		13b. MOTHER'S MAIDEN NAME Nancy Harmon		14. NAME OF HUSBAND OR WIFE Elizabeth Taul Skerlock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Taul Skerlock Holden, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis		ANTECEDENT CAUSES			3561	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis & Prostatitis				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		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 Dec 12, 1949, to 1-4, 1951, that I last saw the deceased alive on 1-3-51, 19, and that death occurred at 1 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kellie Rowlin M.D. U		23b. ADDRESS Holden Mo		23c. DATE SIGNED 1/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial U		24b. DATE 1/7/51		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	
				24d. LOCATION (City, town, or county) (State) Holden, Missouri	

DATE REC'D BY LOCAL REG. 1-8-51		REGISTRAR'S SIGNATURE Mrs G V Redford U		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp Holden, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7 1961

RECEIVED  
JAN 11 1950  
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

MAY 7 1961

MAY 7 1961

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 M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address. Helder, 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.