S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1120

BIRTH NO. 49886 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, 0396
d. STREET ADDRESS (If rural, give location): 906 College 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Arthur
c. (Last): Skelton

4. DATE OF DEATH (Month) (Day) (Year): January 29, 1953

5. SEX: Male 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: August 26, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 5 Days: Hours: IF UNDER 1 HR. Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Springfield, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arthur Skelton
13b. MOTHER'S MAIDEN NAME: Georgia Burks
14. NAME OF HUSBAND OR WIFE: Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Georgia Skelton
ADDRESS: Springfield, 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) BRONCHO PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) 491X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* MONGOLISM — LIFE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 1/29, 1953, *to* 1/29, 1953, *that I last saw the deceased alive on* 1/29, 1953, *and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

22a. SIGNATURE Edgar Gunwaldo (Degree or title) M.D.
23b. ADDRESS Burge Hosp
23c. DATE SIGNED 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fordland
24d. LOCATION (City, town, or county) (State): Fordland, Missouri

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Reg.
25. FUNERAL DIRECTOR'S SIGNATURE: Gorman-Scharpf Funeral Home, Inc.
ADDRESS: Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Lewis G Scharpf

Licensed Embalmer No. 380 h

P. O. Address Springfield, Mo

Signed .....
Student Embalmer

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.