

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16796

State File No. ....

FILED APR 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 4

1030  
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1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New Lisbon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New Lisbon</u> <u>1030</u>	
c. LENGTH OF STAY (in this place) <u>YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Puxico, Mo. Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>GRANT</u> c. (Last) <u>SKELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 3, 1953</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Dec. 8, 1863</u>		9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR: Months <u>3</u> Days <u>25</u> Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ripley, Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Michael Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Otelia Ross</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased-Geo. Skelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ben F. Baker (Dau) Puxico, Mo. Rl</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Mesenteric arteriosclerosis</u>			Unk.
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			5 days 3. 6 da.
1. Coronary occlusion		2. Senility. 3. Cystitis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 3/29, 1953, to 4/3, 1953, that I last saw the deceased alive on 4/3, 1953, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. B. Arst</u> (Degree or title)		23b. ADDRESS <u>Bloomfield, Mo.</u>		23c. DATE SIGNED <u>4/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elliott cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>					

DATE RECD BY LOCAL REG. <u>4/25/53</u>		REGISTRAR'S SIGNATURE <u>Pearl Reed</u> <u>4905</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Lulu

Cooper # 3499

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Juan C. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.