

S. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17064

State File No.

MAY 25 1953
BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4449 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Boone 01004		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone d100	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia		c. LENGTH OF STAY (In this place) 3 months	c. CITY OR TOWN Hallsville
d. FULL NAME OF HOSPITAL OR INSTITUTION Hulen Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Route 1			

3. NAME OF DECEASED (Type or Print) a. (First) EMILY b. (Middle) c. (Last) SKELLETT			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 30, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours 18	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Peoria, Illinois. /		12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME (unknown) Giltmier	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ezekiel Skelley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elvin Weaver, Route 1, Hallsville, Mo.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis Infermites of Old age 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. Cancer Rt. External ear. Removed 3-month ago			INTERVAL BETWEEN DATE AND DEATH One Year Five Years
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 13-53, to May 18-53, that I last saw the deceased alive on May 17-53, and that death occurred at 3:04 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 2 Centralia - MO	23c. DATE SIGNED 5-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20, 1953	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
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DATE REC'D BY LOCAL REG. May 20-1953	REGISTRAR'S SIGNATURE 36-0 Mand McBride	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul L. [unclear]

Licensed Embalmer No..... 412

P. O. Address *Lausanne*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.