

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43995

State File No. ....

FILED DEC 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3088 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>St. Charles County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0820</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Howard</u>	b. (Middle) <u>Lester</u>	c. (Last) <u>Skirvin</u>	(Month) <u>Dec.</u>	(Day) <u>13</u>	(Year) <u>1953</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 13, 1921</u>	9. AGE (In years last birthday) <u>32</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksville Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Lester Skirvin</u>	13b. MOTHER'S MAIDEN NAME <u>Dena Mae Bouyea</u>	14. NAME OF HUSBAND OR WIFE <u>Estee Lee Skirvin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>1940 World War-2 484-03-3650</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Skirvin</u>
		ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> " "
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture frontal + basal</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral contusion severe</u> DUE TO (c) <u>Multiple lacerations head</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12-13-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Skull fracture + suture lacerations</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Highway 79</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>05</u> (STATE) <u>Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>Dec 13 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>

22. I hereby certify that I attended the deceased from 12-13, 1953, to 12-13, 1953, that I last saw the deceased alive on 12-13, 1953, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russell Hider MD</u>	23b. ADDRESS <u>St Charles, Mo</u>	23c. DATE SIGNED <u>12-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 15 1953</u>	REGISTRAR'S SIGNATURE <u>284-0</u> <u>Franne Hammett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W Brown</u>
		ADDRESS <u>Clarksville Mo</u>

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*L. A. Brown*

Signed.....

Student Embalmer

Licensed Embalmer No. 2648

P. O. Address Clarksville 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.