

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3748**

FILED JAN 19 1954

360

REG. DIST. NO. PRIMARY REG. DIST. NO. 3076 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> 1082		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> 1082	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>507 South Cedar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 South Cedar</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John Sk</u>	b. (Middle)	c. (Last) <u>Skelton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 5 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated.</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>Appx. 69</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>
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13a. FATHER'S NAME <u>Swan Skelton</u>	13b. MOTHER'S MAIDEN NAME <u>Dorbaria E. Clarida</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. A. Anderson</u>	ADDRESS <u>507 S. Cedar Nevada, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>approx 6 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Communiated lacer 6+7th ribs right, with Partial hemothorax ret.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis cardiovascular disease</u> <u>class IV. with cardiac cirrhosis</u> DUE TO (c) <u>+ ascites.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9030</u> <u>20</u>			

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada</u> <u>Vernon</u> <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JANUARY 2 1954</u> <u>p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pt Fell in bath room during night.</u>
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22. I hereby certify that I attended the deceased from Nov 13, 1953, to JAN 4, 1954, that I last saw the deceased alive on JAN 4, 1954, and that death occurred at 3:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Pascoe MD.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>Jan 8 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/14/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deerpawd Cemetery Nevada, Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-15-1954</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>	ADDRESS <u>Nevada, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954

AUG 18 1954

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 _____

L. Hughes Ferry

Student Embalmer No. 492

working under my personal supervision.

Student *L. Hughes Ferry*
Student Embalmer

Signed *L. Hughes Ferry*

Licensed Embalmer No. 1760

P. O. Address 1760

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.