

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10954**

State File No. ....

BIRTH NO. FILED MAR 16 1954 REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sherrell</u>		c. LENGTH OF STAY (this place) <u>Life</u>	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>7 Mi. S. E. of Licking</u> <u>1070</u>	

3. NAME OF DECEASED (Type or Print) <u>Amanda Jane Skiles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-1954</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 12, 1964</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>David York</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Sisk</u>	14. NAME OF HUSBAND OR WIFE <u>Elisha Skiles Deceased</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>L</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Skiles</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac &amp; pulmonary arrest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shock from trauma</u> DUE TO (c) <u>fracture of left hip</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Semity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>107</u>
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 Feb 20, 1954, to March 2, 1954, that I last saw the deceased alive on Feb 20, 1954 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Licking, Mo.</u>	23c. DATE SIGNED <u>3-9-54</u>
--------------------------------------	----------------------------------	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>3-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Licking Co. Mo</u>
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>March 11, 1954</u>	REGISTRAR'S SIGNATURE <u>Elmora Nisse</u>	324-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u>	ADDRESS <u>Licking Mo</u>
---	--	-------	---	------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
200

---

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 *Hubert E Ferguson*.....

Licensed Embalmer No. *394*.....

P. O. Address *Lehigh*.....

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.