

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>43 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>3231 JACKSON AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>			b. (Middle) <u>HOWARD</u>		c. (Last) <u>SKILES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13, 1954</u>
5. SEX <u>D</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 7, 1885</u>		9. AGE (in years last birthday) <u>68</u>	10. UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHARMACIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>4200 EAST 3 1/2 ST.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GREENWOOD, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Skiles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E Curran</u>		14. NAME OF HUSBAND OR WIFE <u>MARY PEARL SKILES</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>497-36-7885</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. MARY PEARL SKILES - 8531 JACKSON AVENUE - KANSAS CITY, MISSOURI</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>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Abdomino-Pelvic neoplasia of Colon from Rectal Malig. etc.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>  <u>154 X</u>	
19a. DATE OF OPERATION <u>May 8, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>the Rectum mucoid adenocarcinoma of</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>May 2, 1954</u> to <u>May 13, 1954</u> , that I last saw the deceased alive on <u>May 2, 1954</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Glen H. Broyles</u> (Degree or title) <u>M.D. D</u>				23b. ADDRESS <u>1232 Professional Bldg</u>		23c. DATE SIGNED <u>May 14 '54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Moriah</u>		24d. LOCATION (City, town or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-15-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H. A. Newcomer, 1231 BRUSH BLDG. - KANSAS CITY, MISSOURI</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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Richard B. Rogers*

Licensed Embalmer No...49...

P. O. Address...Kansas...

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.