

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31400

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>180</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY OR TOWN <u>Rolla</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>206 South Walker Avenue</u>				e. STREET ADDRESS (If rural, give location) <u>206 South Walker Avenue</u>				08120	
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARTHA</u>		b. (Middle) <u>LUCINDA</u>		c. (Last) <u>SKYLES</u>		
4. DATE OF DEATH			(Month) <u>Sept.</u>		(Day) <u>26,</u>		(Year) <u>1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 11, 1864</u>		9. AGE (In years last birthday) <u>89</u>	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		IF UNDER 1 HR. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas J. Cox</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Cox</u>			14. NAME OF HUSBAND OR WIFE <u>John Skyles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. M. Skyles</u>			ADDRESS <u>Rolla, Mo.</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>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis, hypert</u>							
		DUE TO (c) <u>Senile Debility</u>							
II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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)				
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 <u>Aug 26</u> , 19 <u>54</u> , to <u>Sept 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 20</u> , 19 <u>54</u> , and that death occurred at <u>5:30 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) of <u>Richard E. Nye, D.D.</u>				23b. ADDRESS <u>Newburg, Mo</u>				23c. DATE SIGNED <u>Sept 28, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 29, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cox Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Sept 28, 1954</u>		REGISTRAR'S SIGNATURE <u>Dadine L. Stell</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....

Licensed Embalmer No. 449

P. O. Address...Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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