

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4520

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4520</u>	
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>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )		c. LENGTH OF STAY (in this place township) <u>9 weeks</u>		c. CITY OR TOWN <u>Lexington</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>Research Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>1701 Main St.</u> <span style="float: right;">0.547 1</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCH</u> b. (Middle) <u>M.</u> c. (Last) <u>SKELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5, 1905</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Isaac Newton Skelton</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Beach</u>		14. NAME OF HUSBAND OR WIFE <u>Harriett Frances Skelton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.R. Oglesby, 3618 W. 61 Terr. Mission, Ks.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aræmia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Chronic glomerulonephritis</u>							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Diabetes mellitus, many years</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, chronic hypertension, Diabetic Retinitis.</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <u>7-30-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Iridectomy for glaucoma, Diabetic Retinitis, glaucomatous eye</u>				21. HOW DID INJURY OCCUR?	
19c. OCCIDENT SUICIDE HOMICIDE <u>9-23-54</u>		20a. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Lexington, Lafayette</u>		20b. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Lexington, Lafayette</u>		20c. (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>7-26, 1954</u> to <u>9-24, 1954</u> , that I last saw the deceased alive on <u>9-23, 1954</u> and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl R. Ferris</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>535 W. 40th St. Kansas City, Mo</u>		23c. DATE SIGNED <u>9-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-24-54</u>		REGISTRAR'S SIGNATURE <u>Nevea Menadall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE UND. CO.</u>		ADDRESS <u>K.C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Miss Louise Layton & Mirelles  
335 Argyle Bldg.

Egg 11:35 AM

Vi 8227

Unat!  
4:0 to 4:30 today

MAY 5

MAY 18 1955

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 *Eugene L. L...*

Licensed Embalmer No. 465

P. O. Address *Louisville, Ky*

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.