

0470
06

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY IRON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRONTON		c. CITY OR TOWN FREDERICKTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S OF THE DEARMS		e. STREET ADDRESS (If rural, give location) ROUTE 2. 0620	
3. NAME OF DECEASED a. (First) EARL		b. (Middle) LESLIE	
c. (Last) SKEELS		4. DATE OF DEATH (Month) (Day) (Year) MARCH 14, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED - NEVER MARRIED, WIDOWED - DIVORCED (Specify) INFANT	8. DATE OF BIRTH NOV. 30, 1954
9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR Months 3 Days 14	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME JAMES SKEELS.		13b. MOTHER'S MAIDEN NAME VERNICE COLE.	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JAMES SKEELS - FREDERICKTOWN, MO.	
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) Bilateral Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) _____ 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 day ? !	
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 3-14, 1955, to 3-14, 1955, that I last saw the deceased alive on 3-14, 1955, and that death occurred at 12:25 P. M., from the causes and on the date stated above.			
23a. SIGNATURE R. E. Harland, M.D.		23b. ADDRESS Ironton, MO	
23c. DATE SIGNED 3-23-55		24. LOCATION (City, town, or county) (State) Madison County, MO.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/16/1955	
24c. NAME OF CEMETERY OR CREMATORY HIGDON CHRISTIAN CEM. MADISON COUNTY, MO.		24d. LOCATION (City, town, or county) (State) Madison County, MO.	
DATE REC'D BY LOCAL REG. 3-26-55		REGISTRAR'S SIGNATURE Mrs. Avis Jones	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS T. Adamson, FREDERICKTOWN, MO.	

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 *Regina Adanson*
Licensed Embalmer No. *2381*

P. O. Address *FREDERICKTOWN*

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.