

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

17668

State File No. _____

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> c. LENGTH OF STAY (In this place) <u>50 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY OR TOWN <u>Monett</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>909 E. Gale St.</u> <u>00570</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESS</u> b. (Middle) <u>PETER</u> c. (Last) <u>SKOUBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1955</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>Jan. 20, 1905</u>
9. AGE (In years last birthday) <u>50</u>		10. BIRTHPLACE (City and State or Foreign Country) <u>Monett, Missouri</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		12b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Peter J. Skouby</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Skouby</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Maudie Skouby</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maudie Skouby, Monett, 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>Cirrhosis of liver</u> <u>18 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>5810</u> 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 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 23, 1955</u>, to <u>June 4, 1955</u>, that I last saw the deceased alive on <u>June 4, 1955</u>, and that death occurred at <u>1:10 P.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>T. L. Edwards M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>	
23c. DATE SIGNED <u>6-8-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>MONETT, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. P. Buchanan Monett Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-9-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook 5730</u>	

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

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 655-267

DATE REC. 6-14-55

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 J. D. Buchanan
Licensed Embalmer No. 311

P. O. Address Monet

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.