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FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32377

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 579

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>POPLAR BLUFF</u>	c. LENGTH OF STAY (in this place) <u>7 DAYS</u>	c. CITY OR TOWN <u>RT 2, SENATH</u>	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 <u>POPLAR BLUFF HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>1 1/2 MI - NORTH, OCTA, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ORVAL</u>	b. (Middle) <u>HARRISON</u>	c. (Last) <u>SKELTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 28 1955</u>
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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>APRIL 3, 1889</u>	9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ACORN RIDGE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LOUIS SKELTON</u>	13b. MOTHER'S MAIDEN NAME <u>LIPHA HODGE</u>	14. NAME OF HUSBAND OR WIFE <u>QUILLA SKELTON</u>
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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 LILLIAN JAMES KENNETT</u>	ADDRESS <u>Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) <u>Myocarditis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Urinary Retention Prostatitis</u>			<u>A 2 2 2</u>

19a. DATE OF OPERATION <u>24 Oct 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Multiple Colic Peritonitis Prostatitis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 21 Oct 1955 to 28 Oct 55, that I last saw the deceased live on 2 Oct 1955, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Brooker MD</u>	23b. ADDRESS <u>322 Poplar Bluff Mo 55</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 30, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>	24d. LOCATION (City, town, or county) (State) <u>KENNETT Missouri</u>
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DATE REC'D BY LOCAL REG <u>11/2/55</u>	REGISTRAR'S SIGNATURE <u>R. H. Muehle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baldwin Funeral Service & Co. Kennett Mo</u>	ADDRESS
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489-0

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 7 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 9 1955

NOV 9 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 *Lymon R. [Signature]*

Licensed Embalmer No. *496*

P. O. Address *Keene, N.H.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.