No. 300
10.48

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1151

State File No.

BIRTH NO. REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5494 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): All Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5½ Miles S.W. of Cainsville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN: Cainsville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 5½ miles S. W. of Cainsville, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): Henry
c. (Last): Skroh

4. DATE OF DEATH (Month) (Day) (Year): January 26 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 23, 1894
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 1 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (City and State or Foreign Country): Madison Twp. Harrison Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Anthony Skroh
13b. MOTHER'S MAIDEN NAME: Mary Stoklasa
14. NAME OF HUSBAND OR WIFE: Bessie Skroh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bessie Skroh
ADDRESS: Cainsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) None Known

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: 157X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0

22. *I hereby certify that I attended the deceased from* January 11 1956 *to* Jan. 25, 1956 *that I last saw the deceased alive on* Jan. 25, 1956, *and that death occurred at* 12:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE: William Allworth (Degree or title) M. D.
23b. ADDRESS: Cainsville, Mo.
23c. DATE SIGNED: Jan. 27 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 30 1956
24c. NAME OF CEMETERY OR CREMATORY: Bohemian Cemetery
24d. LOCATION (City, town, or county) (State): RFD Ridgeway, Missouri.

DATE REC'D BY LOCAL REG.: 1-29-56
REGISTRAR'S SIGNATURE: Lee Brewer
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25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Cainsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1956

JUN 19 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ Eddie J. Stoklasa Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....3602

P. O. Address Cainsville, I

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