

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4006

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>81</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>					
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>1moby</u>		c. CITY OR TOWN <u>LaBelle</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>				e. STREET ADDRESS (If rural, give location) <u>0560</u>					
3. NAME OF DECEASED (Type or Print) <u>Louisa</u> (First)			b. (Middle) <u>Jane</u>		c. (Last) <u>Skirvin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1956</u>		
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 15 1880</u>		9. AGE (in years last birthday) <u>76</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>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Morgan</u>			13b. MOTHER'S MAIDEN NAME <u>AS</u>			14. NAME OF HUSBAND OR WIFE <u>Floyd I Skirvin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>AK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd I Skirvin LaBelle 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>Diabetes mellitus</u>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>arteriosclerotic Heart disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uræmia</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>						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>Feb 26</u> , 1956, to <u>Feb 27</u> , 1956, that I last saw the deceased alive on <u>Feb 26</u> , 1956, and that death occurred at <u>2</u> a. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>JR Hunter MD</u>				23b. ADDRESS <u>Fulton Mo</u>			23c. DATE SIGNED <u>Feb 27</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/29/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaBelle</u>		24d. LOCATION (City, town, or county) (State) <u>LaBelle Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Mar-10-1956</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>4260</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morgan James</u>		ADDRESS <u>Fulton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1957

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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.....  
*Henry A. Sleight*

Licensed Embalmer No. 322

P. O. Address.....  
*Fulton*

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.