

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1464**
Registrar's No. **149**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **100**

1. PLACE OF DEATH
a. COUNTY **Jackson** 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) **Kansas City** c. LENGTH OF STAY (in this place) **12 Years**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5118 Walnut Street** (If rural, give location) **5118 Walnut Street**

3. NAME OF DECEASED a. (First) **JOHN** b. (Middle) **THADDEUS** c. (Last) **SKELTON** 4. DATE OF DEATH **January 9, 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **August 2, 1909** 9. AGE (in years last birthday) **47**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Librarian** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Fayetteville, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James L. Skelton** 13b. MOTHER'S MAIDEN NAME **Josephine Carter** 14. NAME OF HUSBAND OR WIFE **Mattilee Skelton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **486-36-8392** 17. INFORMANT'S SIGNATURE OR NAME **Mattilee Skelton** ADDRESS **5118 Walnut St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Hypertensive Heart Disease Coronary Insufficiency Congestive Failure**
ANTECEDENT CAUSES _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **H2000**
INTERVAL BETWEEN ONSET AND DEATH **yes**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? **2**
YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-28**, 19**57**, to **1-9**, 19**57**, that I last saw the deceased alive on **1-7**, 19**57**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **V. B. Ballard** (Degree or title) **MD** 23b. ADDRESS **411 Nichols Rd Kansas City Mo** 23c. DATE SIGNED **1-10-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-11-1957** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **1-11-57** REGISTRAR'S SIGNATURE **Neve Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **STINE & McClure** ADDRESS **Kansas City, Mo.**

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

C-1

MAR 8 1951

VA-1-435-0
1:30 P.M.

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..... Eugene L. Cannon

Licensed Embalmer No. 46

P. O. Address Kansas, City

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.