

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040585

STATE FILE NUMBER

LEU NOV 24 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) Aurora		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Aurora		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital		Length of stay in 1b Minutes	d. STREET ADDRESS (If outside, give location) 128 W. Hight		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LEWIS JESSIE SKIEF			4. DATE OF DEATH Month Day Year Nov. 14, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/27/1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker		10b. KIND OF BUSINESS OR INDUSTRY Feed Mill	11. BIRTHPLACE (City and state or country) Stone County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Levi A. Skief		13b. MOTHER'S MAIDEN NAME Hannah Miller		14. NAME OF HUSBAND OR WIFE Georgia Skief	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW/2m		16. SOCIAL SECURITY NO. _____	17. INFORMANT Georgia Skief Address Aurora, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, Concussion, probable fracture cervical spine & possible internal injuries DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 hour
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Emer nature of injury in PART I or PART II of item 18.) Car accident		
20c. TIME OF INJURY Hour Month, Day, Year 1:30 a.m. 11-14-58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE Aurora, Lawrence, Mo.		
21. I attended the deceased from Nov. 14/58 , to Nov. 14/58 and last saw her/him alive on Nov. 14/58 Death occurred at 230 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) McLellan M.D.			22b. ADDRESS 200 S. Elliott Aurora, Mo.		22c. DATE SIGNED Nov 17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/18/58	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		23d. LOCATION (City, town, or county) (State) Aurora, Mo.	
24. FUNERAL DIRECTOR Arnold's Funeral Home		ADDRESS Aurora, Mo.	25. DATE RECD. BY LOCAL REG. 11/17/58	26. REGISTRAR'S SIGNATURE Ora McRatt	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 26 1958

DEC 29 1958

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 *Ervin R. Arnold*

Licensed Embalmer No. *1929*
P. O. Address *Atoka, Okla.*

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.