

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046330

STATE FILE NUMBER 12337

FILED JAN 12 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300  
7. 1-57  
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED BARNES HOSPITAL HOSPITAL OR INSTITUTION		Length of stay in lb 1 Day	d. STREET ADDRESS 1908 Pitcher (If outside, give location) 31 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EMMA MARGARET SKILES			4. DATE OF DEATH Month Day Year DECEMBER 17, 1958
5. SEX Female	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 Sept. 19 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Joplin Mo
12. CITIZENSHIP OF WHAT COUNTRY? USA		13. DATE OF BIRTH 32	
9. AGE (In years last birthday) 32		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
13a. FATHER'S NAME J.E. Skiles		13b. MOTHER'S MAIDEN NAME Bonny Holmes	
14. NAME OF HUSBAND OR WIFE James Skiles		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT James Skiles Joplin 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) THROMBOTIC THROMBOCYTOPENIC PURPURA DUE TO (b) DUE TO (c) 296X		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 MONTHS	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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		21. I attended the deceased from DEC. 16, 1958 to DEC. 17, 1958 and last saw her alive on DEC. 17, 1958 Death occurred at 5:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C.P. Vermillion M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 12/18/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec 23 1958		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	
23d. LOCATION (City, town, or county) Joplin Mo		23e. STATE (State)	
24. FUNERAL DIRECTOR Thornhill Dillon Joplin Mo		25. DATE RECD. BY LOCAL REG. DEC 22 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. M. J. B.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Arthur C. Bruce* .....

Licensed Embalmer No. *3155*  
P. O. Address *St. Charles* .....

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.