

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008347  
STATE FILE NUMBER 25

FILED APR 3 1959 Registration District No. 11 Primary Registration District No. 4024 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cassville</b> 00 50 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ivy Street</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>Ivy Street</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH HENRY SKELTON</b>			4. DATE OF DEATH Month Day Year <b>March 13, 1959</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 29-1879</b>
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	11. BIRTHPLACE (City and state or country) <b>Eagle Rock, Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jasper Newton Skelton</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Ann Russell</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Vesta Skelton</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>543-09-747</b>	17. INFORMANT Address <b>Mrs. E. H. "Sonny" Smith-Cassville, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Cerebral embolism to Pt anterior</b> DUE TO (b) <b>Arteriosclerotic myocarditis fibillata</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) <b>Revs to tertiary 6-26-58 Cerebral embolism 7-9-58 4351</b>			INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b> <b>9 mos.</b>
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.		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 <b>Nov 1956</b> to <b>Mar 13, 59</b> and last saw her/him alive on <b>Mar 13, 1959</b> Death occurred at <b>6:50 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert R. Ashley M.D.</b>		22b. ADDRESS <b>Mount, Mo.</b>	22c. DATE SIGNED <b>Mar 16, '59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-15-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Corinth Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Barry County, Missouri</b>
24. FUNERAL DIRECTOR <b>Culver's</b>		ADDRESS <b>Cassville, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Mar 23-59</b>
26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Margaret C. Herbst* .....

Licensed Embalmer No. *7389* .....

P. O. Address *Cassville, Mo.* .....

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.