

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037001

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 108

MEMBERED

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho Twp.		Length of stay in 1b 3 Years	c. CITY OR TOWN Neosho Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 5, Neosho, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 5 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First THOMAS Middle SKELTON Last SKELTON			4. DATE OF DEATH Month Oct. Day 18, Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-20-1858	9. AGE (last birthday) 101	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Scarborough, England	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Mathew Skelton	13b. MOTHER'S MAIDEN NAME Rachel Stevenson	14. NAME OF HUSBAND OR WIFE Hanna Wright
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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. Unknown	17. INFORMANT Address Mrs. Kate Poyser, Oakland, Calif.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic Heart Dis.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Generalized Arteriosclerosis	
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 _____
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21. I attended the deceased from **Sept. 25, 1959** to **Oct. 18, 1959** and last saw ^{her}him alive on **Oct. 11, 1959**
Death occurred at **5:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Kenney M.D. (Degree or title)	22b. ADDRESS State Hosp Neosho Mo	22c. DATE SIGNED 10/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Not Known	23d. LOCATION (City, town, or county) (State) Phillipsburg, Kansas
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24. FUNERAL DIRECTOR Thompson Funeral Home Inc. Neosho, Mo.	25. DATE RECD. BY LOCAL REG. 10/19/59	26. REGISTRAR'S SIGNATURE Melvin C. Bowman, MD <i>Per RWA</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Lloyd M. Dammann

Licensed Embalmer No. 5065

P. O. Address Florida, 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.