RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010016

STATE FILE NUMBER

FILED VS APR 11 1960

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 418

DED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph — Length of stay in 1b: 25 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital No 2 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): not given — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First CHRISTIAN Middle LEE Last SKILES

4. DATE OF DEATH: Month April Day 2 Year 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: Feb 29 1880
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months 1 Days 3 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Green Castle Mo
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Tom Skiles
13b. MOTHER'S MAIDEN NAME: Elizabeth Rudavash
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no given
17. INFORMANT: Horace Skiles Address: Harden Mo RFD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart Disease — INTERVAL BETWEEN ONSET AND DEATH: not given
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchitis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chr brain syndrome associated with Chr. Brien disease generalized arteriosclerosis & senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell out of bed on H7 Fractured rgt leg

20c. TIME OF INJURY: 3:30 Hour a.m. p.m. Month, Day, Year: March 28 60

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): H7 woodson Bld
20f. CITY, TOWN, OR LOCATION: St Joseph Mo COUNTY: Buchanan STATE: Mo

21. I attended the deceased from March 18 1960, to April 2 1960 and last saw her/him alive on April 1 1960
Death occurred at 1:15 a m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammad Tahir M.D.
22b. ADDRESS: State Hosp #2, St Joseph Mo
22c. DATE SIGNED: 4 2 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 4/3/1960
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Richmond Mo

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St Joseph Mo
25. DATE RECD. BY LOCAL REG.: April 5, 1960
26. REGISTRAR'S SIGNATURE: Mrs Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. Tahir M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wilcox Spalding

Licensed Embalmer No. 4535

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.