

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005738

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 609

AMENDED

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in lb 8 DAYS	c. CITY OR TOWN GORDONVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS NONE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOE Middle HAROLD Last SKELTON			4. DATE OF DEATH FEBRUARY 16, 1962 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-15-86	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) BONE GAP, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ISHAM SKELTON		13b. MOTHER'S MAIDEN NAME ELLA CALER		14. NAME OF HUSBAND OR WIFE PEARL SKELTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO. Address		

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) CONGESTIVE HEART FAILURE.			---
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) MYOCARDIAL INFARCTION, OLD & RECENT.		---
	DUE TO (c) CORONARY ARTERIOSCLEROSIS.		---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BLEEDING, GI, PEPTIC ULCER.		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.)	
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION VA Hospital, Poplar Bluff, Mo. COUNTY STATE
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21. I attended the deceased from **Feb. 8, 1962** to **Feb. 16, 1962** and thereafter her ~~was~~ **alive on**
Death occurred at **8:50 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Donald Miller M.D.</i>	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 2/16/62
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23a. BURIAL OR CREMATION, or REMOVAL (Specify) BURIAL	23b. DATE OF BURIAL OR CREMATION 2-19-1962	23c. NAME OF CEMETERY OR CREMATORY CHRIST LUTH. CH. CEMETERY	23d. LOCATION (City, town, or county) (State) GORDONVILLE, MO.
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24. FUNERAL DIRECTOR FORD & SONS	ADDRESS CAPE GIRARDEAU, MO.	25. DATE RECD. BY LOCAL REG. 3/3/1962	26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 Philip J. Cassidy

Licensed Embalmer No. 4678

P. O. Address Poplar Bluff, 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.