

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031835

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 372 Primary Registration District No. 5180 Registrar's No. 39

FILED SEP 11 1962

VS 300
Rev. 4/59

0660
20660

3
4 0
5 1
6
7 0
8 2
9331X
10
11
1270-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saline Township</u>		Length of stay in 1b <u>years</u>	c. CITY OR TOWN <u>Eldon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 3, Eldon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 3</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mallory Jennings Skiles</u>		4. DATE OF DEATH Month Day Year <u>August 20 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/4/97</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Land Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Eldon, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George B. Skiles</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie Vernon</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Skiles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Grace Skiles, Eldon, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <u>Cerebral thrombosis & paralysis starting 1960</u>			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
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 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
21. I attended the deceased from <u>1960</u> to <u>Aug 20 1962</u> and last saw <u>her</u> alive on <u>Aug 1 1962</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jack Gunn</u>		22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>8.21.62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/22/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	23d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>
24. FUNERAL DIRECTOR <u>Phillips Funeral Home, Eldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 22 1962</u>	26. REGISTRAR'S SIGNATURE <u>Advernetta Walt</u>

USE BLACK INK OR TYPEWRITER RIBBON

MS SEP 1 1 1962

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 Don E. Phelan

Licensed Embalmer No. 5108

P. O. Address Eldon

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.