

FILED JUN 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

038 19808
State File No.

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5354 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkland Rural</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkland Shelby Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Elkland RR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Skidmore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov 2 - 1923</u>
9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Skidmore</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Stealy</u>	
14. NAME OF HUSBAND OR WIFE <u></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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Skidmore</u>		ADDRESS <u>Elkland Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 9, 1950</u> , to <u>May 14, 1950</u> , that I last saw the deceased alive on <u>May 14, 1950</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wayne Gonnerman</u>		23b. ADDRESS <u>Do. Fair Grove Mo.</u>	
23c. DATE SIGNED <u>5-22-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-16-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elkland RR Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/10/50</u>		REGISTRAR'S SIGNATURE <u>80 Mrs. J. B. Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>T. J. Jones</u>		ADDRESS <u>Buffalo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

03800

RECEIVED 6.21.50
District Health Officer No. 7,
District File Number 5.50.65
Date Filed 6.21.50

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
Student Embalmer

Signed *Leonard B. Jones* _____

Licensed Embalmer No. *2508* _____

P. O. Address *Buffalo, N.Y.* _____

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 this body is not embalmed, fact should be so stated above.