

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33263  
State File No. ....

FILED NOV 5 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 919

0396  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brookline</b>	
c. LENGTH OF STAY (in this place) <b>18 hrs 15 min</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION <b>MARK OSTEOPATHIC HOSPITAL</b></b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ona</b> b. (Middle) <b>Bryan</b> c. (Last) <b>Skelton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-26-1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 5, 1897</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months   Days <b>54</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>Republic, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Albert Skelton</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Bryan</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Skelton, Brookline, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bilateral lobar</b>		
	DUE TO (c) <b>pneumonia</b>		
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) <b>490X</b>	
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 10-25, 1951, to 10-26, 1951, that I last saw the deceased alive on 10-26, 1951, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert Skelton MD</b>		23b. ADDRESS <b>21 Springfield</b>		23c. DATE SIGNED <b>10/26/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/26/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wade Chapel</b>	
24d. LOCATION (City, town, or county) (State) <b>Republic, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MAX Fossett Fun Home Republic</b>			
DATE REC'D BY LOCAL REG. <b>10-29-51</b>		REGISTRAR'S SIGNATURE <b>W.E. Handley</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

1917

UNIVERSITY OF MICHIGAN

**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 Leue C. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic, Ohio

**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.