

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42498

FILED JAN 11 1952

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>235</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Phelps		c. LENGTH OF STAY (in this place) 12 hrs.		a. STATE Missouri		b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McFarland Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Miller twp. <u>0812</u>		d. STREET ADDRESS (If rural, give location) Route 3 Rolla <u>0</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) PEARL		b. (Middle) SKYLES		c. (Last) SKYLES		
4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1951		5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH February 19, 1903	
9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Missouri <u>0</u>		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Newton Gregory			13b. MOTHER'S MAIDEN NAME Olive Robinson			14. NAME OF HUSBAND OR WIFE James Skyles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-20-1673		17. INFORMANT'S SIGNATURE OR NAME James Skyles				ADDRESS Rt. 3 Rolla	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 <u>331X</u>						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) m.		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>June 1, 1948</u> , to <u>Dec 31, 1951</u> , that I last saw the deceased alive on <u>Dec 31, 1951</u> , and that death occurred at <u>P. A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. H. Davis, M.D.</u>				23b. ADDRESS <u>Rolla 1 Mo.</u>			23c. DATE SIGNED <u>12-31-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>A</u>		24b. DATE/ Jan. 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Missouri			
DATE REC'D BY LOCAL REG. <u>Dec. 31, 1951</u>		REGISTRAR'S SIGNATURE <u>Dadine L. Stoll</u>		380 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS Rolla, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
1-8-52

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 this body is not embalmed, fact should be so stated above.