

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24315

State File No.

No. 10.48

AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 36

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| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo. C. Mo.</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>1 YEAR</u> | | d. STREET ADDRESS (If rural, give location) <u>3008</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY PARK</u> | | | |

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|---|---------------------------|---|---|--|-----------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>L.</u> c. (Last) <u>SKILES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-1952</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>3</u> | 8. DATE OF BIRTH <u>12-11-1900</u> | 9. AGE (In years last birthday) <u>52</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 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 <input checked="" type="checkbox"/> | | 11. BIRTHPLACE (State or foreign country) <u>unk</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|---------------------------------------|--------------------------------------|--|
| 13a. FATHER'S NAME <u>M.L. SKILES</u> | 13b. MOTHER'S MAIDEN NAME <u>unk</u> | 14. NAME OF HUSBAND OR WIFE <u>unk</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES SKILES PARKSBURG PA.</u> |
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| 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 <u>Immediate</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound of Head (22 Pistol) Self Inflicted</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. <u>E976X</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, etc.) <u>City Park</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains - Howell - Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 26, 1952 P. m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Self Inflicted Gun Shot Wound</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 27 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Robertson, M.D. - Coroner</u> (Degree or title) | 23b. ADDRESS <u>Howell Co. West Plains, Mo</u> | 23c. DATE SIGNED <u>31-7-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>3</u> | 24b. DATE <input checked="" type="checkbox"/> | 24c. NAME OF CEMETERY OR CREMATORY <u>PARKSBURG PA.</u> | 24d. LOCATION (City, town, or county) (State) _____ |
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| DATE REC'D BY LOCAL REG. <u>8-7-52</u> | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ROBERTSONS WEST PLAINS, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

161
3

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

D. D. Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains

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.