No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25259

State File No. .....

FILED JUL 25 1952

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY Pemiscot 0780
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wardell rural
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wardell 0780
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Jasper b. (Middle) Andrew c. (Last) Skelton

4. DATE OF DEATH (Month) (Day) (Year) 7-15-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH unknown
9. AGE (In years last birthday) 68 | 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Lewis Co Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wash Skelton
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Eveline Skelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Richard Skelton ADDRESS Valley Park Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Regurgitation — INTERVAL BETWEEN ONSET AND DEATH 2 yr

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. Gall Bladder swelled

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 410X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1952, *to* July 15, 1952, *that I last saw the deceased alive on* July 15, 1952, *and that death occurred at* 11-15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. H. Gullett MD
23b. ADDRESS Wardell Mo
23c. DATE SIGNED July 16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-16-52
24c. NAME OF CEMETERY OR CREMATORY Mt Zion
24d. LOCATION (City, town or county) Steele ~~Sikeston~~ (State) Mo

DATE REC'D BY LOCAL REG. 7-23-52
REGISTRAR'S SIGNATURE John W German 406
25. FUNERAL DIRECTOR'S SIGNATURE German Undt Co ADDRESS Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

7-52-234
Rec.

JUL 24 1952

E. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

working under my personal supervision.

Student Embalmer No.....

Signed John W German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.