

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19410**

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

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mineral Spring</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>3 MOS.</u>		d. STREET ADDRESS (If rural, give location) <u>1220 Moffett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper County Tb. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Martha</u>		b. (Middle) <u>Skelton</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14-54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2-14-1888</u>
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME MAKING</u>	
11. BIRTHPLACE (State or foreign country) <u>MONETT, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>COYNE</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>	
14. NAME OF HUSBAND OR WIFE <u>UNK</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joplin</u> ADDRESS <u>ALVA SKELTON - 1326 VIRGINIA</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Respiratory tuberculosis</u> <i>*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>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory tuberculosis</u> 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) _____ 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 _____	
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) <u>002X</u>	
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>3-26</u> , 19 <u>54</u> , to <u>6-14</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>6-13</u> , 19 <u>54</u> , and that death occurred at <u>2nd com.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. P. Daney, M.D.</u> (Degree or title)		23b. ADDRESS <u>Box 390 Webb City</u>	
23c. DATE SIGNED <u>6-14-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSZARK MEMORIAL PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY</u> ADDRESS <u>JOPLIN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-16-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Suter</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 21 1954
Jasper County Health Office
County File No. 54-6-495
Date Filed JUN 21 1954

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 *F. M. Jones*
Licensed Embalmer No. 2319

P. O. Address *Joplin 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.