

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23976**

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5945** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Dillon twp.	c. LENGTH OF STAY (in this place) (township) 6 months	c. CITY OR TOWN Rural-Dillon twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile N. of Hiway 66 in Dillon		e. STREET ADDRESS (If rural, give location) 1 mile N. of Hiway 66 in Dillon	

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) FRANCES c. (Last) SKYLES	4. DATE OF DEATH (Month) (Day) (Year) July 17, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 15, 1862	9. AGE (In years last birthday) 91 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Herman, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME William Skyles	13b. MOTHER'S MAIDEN NAME Sarah Smith	14. NAME OF HUSBAND OR WIFE H. R. Skyles, dec.
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Zona Sieber	ADDRESS Light Star Rt. St.
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea and enteritis			2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Heat exhaustion		1 day
	DUE TO (c) Chronic rheumatism arthritis		15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture of right hip (bed fall)		4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7230 F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **July 30, 1948** to **July 17, 1954**, that I last saw the deceased alive on **July 16, 1954**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) C. J. James, M.D.	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 7-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10, 1954	24c. NAME OF CEMETERY OR CREMATORY Wishon Cemetery	24d. LOCATION (City, town, or county) (State) Dillon, Missouri
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DATE REC'D BY LOCAL REG. July 24-54	REGISTRAR'S SIGNATURE Ruth B. Powell	479	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *David E. [unclear]*

Licensed Embalmer No... *449*

P. O. Address..... *Roller*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.