

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26481

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3467

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>68 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>620 Winchester</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Long Nursing Illi Indep. Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b> b. (Middle) <b>Skelton</b> c. (Last) <b>Skelton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 5, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>March 13-1887</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>August Wills</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Davenport</b>		14. NAME OF HUSBAND OR WIFE <b>George Skelton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>1-05-2552</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. James Gerbesis 620 Winchester K.C. Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUPLICATE		<b>2 days</b>	
ANTECEDENT CAUSES		DUPLICATE		<b>3 years</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		<b>3314</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 5-1-55, 1955, to 8-5-55, 1955, that I last saw the deceased alive on 8-5-55, 1955, and that death occurred at 5 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank Paul Lauranzano M.D.</b>		23b. ADDRESS <b>428 South White</b>		23c. DATE SIGNED <b>8-5-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 8, 1955</b>		24c. NAME OF CEMETERY <b>Brookings</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. C.L. Forster Funeral Home Kansas City Mo.</b>		DATE REC'D BY LOCAL REG. <b>8-8-55</b> REGISTRAR'S SIGNATURE <b>neva minshall</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank Paul Lauranzano

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**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 *J. Reginald Henrich*.....  
Licensed Embalmer No. 358.....

P. O. Address *A. C. M.*.....

**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.