

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1955

State File No. **39499**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **624** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY OR TOWN <b>Rural Burton</b>		c. CITY OR TOWN <b>Rural</b>	
c. LENGTH OF STAY (in this place) <b>one day</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Petoski</b>		e. STREET ADDRESS (If rural, give location) <b>Near Petoski</b>	

3. NAME OF DECEASED (Type or Print) <b>Julia Skiles</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 8 1955</b>	
a. (First)		b. (Middle)	
c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 13 1911</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 HR. Hours <b>25</b>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or foreign Country) <b>Washington Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Edigar Vance</b>		13b. MOTHER'S MAIDEN NAME <b>Cloria Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Stirling Skiles</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Stirling Skiles</b>		ADDRESS <b>Petoski Mo.</b>	
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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) <b>Acute Endocarditis and Rheumatic Fever</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4011</b>				
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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **1/1**, 19**45** to **11/8**, 19**55**, that I last saw the deceased alive on **11/8**, 19**55**, and that death occurred at **8p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Petoski Mo.</b>		23c. DATE SIGNED <b>11/22/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-12-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Petoski Masonic</b>		24d. LOCATION (City, town, or county) (State) <b>Petoski Mo</b>	
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DATE REC'D BY LOCAL REG. <b>11/22/55</b>		REGISTRAR'S SIGNATURE <b>Arburt Erdal</b> <b>403-10</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. Luther Sparks</b>		ADDRESS <b>Petoski Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 12 1955

RECEIVED

NOV 22 1955

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 *Murphy L. Spaulds*  
Licensed Embalmer No. *4256*  
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.