

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2552**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELVINS</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ELVINS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JESSE</u>	b. (Middle) <u>L.</u>	c. (Last) <u>SKELTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 26, 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 20, 1905</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNION Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>JOY KY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>L.C. Skelton</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Olive Moore</u>	14. NAME OF HUSBAND OR WIFE <u>GLADYS SKELTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-07-2054</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gladys Skelton Elvins Mo</u>	ADDRESS <u>Elvins Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	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. <u>metastasis to lungs abd. lymph glands</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>161X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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 May 1954 to Jan 26, 56, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Roobe M.D.</u> (Degree or title)	23b. ADDRESS <u>Dealey Mo</u>	23c. DATE SIGNED <u>1-30-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 30, 1956</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	ADDRESS <u>Flat River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 2 1953

MS  
AUG 29 1960

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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 *R. Caldwell*.....

Licensed Embalmer No. *253*  
P. O. Address *Flat R*.....

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.