

# No. 300  
10.48

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3813**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 3006 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>		
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>	c. CITY OR TOWN <u>Senath</u>		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 <u>University Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Route 1. 0351</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Wale</u> c. (Last) <u>Skelton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>April 6 1955</u>		9. AGE (In years last birthday) <u>10</u> <u>8</u> Months <u>8</u> Days <u>8</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Senath Mo. Route 1.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>F. J. Skelton</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Hill</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Mrs Ruby Skelton - Senath Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus</u> DUE TO (c) <u>meningitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
19a. DATE OF OPERATION <u>2/14/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Atherosclerosis</u>				20. AUTOPSY? YES <input checked="" 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) m.	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>Feb. 1</u> , 19 <u>56</u> , to <u>Feb. 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 14</u> , 19 <u>56</u> , and that death occurred at <u>5:30</u> p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Samuel P. W. Block, M.D.</u>			23b. ADDRESS <u>University Hosp. Columbia, Mo</u>		23c. DATE SIGNED <u>2/14/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 16 1956</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Salem Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Dunklin Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 19 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James T. Evans</u>		ADDRESS <u>Dunklin Co. Mo</u>

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 NOT EMBALMED, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John T. Emerson

Licensed Embalmer No. 895

P. O. Address Jonesboro, N.C.

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.