

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17356
STATE FILE NUMBER

FILED JUN 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2396

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in hrs. 13 hrs.	d. STREET ADDRESS (If outside, give location) Salvation Army		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle N. Last Sketoe			4. DATE OF DEATH Month 5 Day 20 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-17-1908		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) Maintenance Dept.		10b. KIND OF BUSINESS OR INDUSTRY R. B. Depts		11. BIRTHPLACE (City and state or country) Georgetown, La	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Moses Sketoe		13b. MOTHER'S MAIDEN NAME Cordelia Woodham	
14. NAME OF HUSBAND OR WIFE Dorothy Sketoe		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-01-3415	
17. INFORMANT Mrs. Lee Abrams, 1133 E. Rio Grande, Ft. Worth, Tex		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 331X	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) :		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 20, 1957 to May 20, 1957 and last saw him alive on May 20, 1957 Death occurred at 2:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. B. Burns, M.D.		(Degree or title) D		22b. ADDRESS 24th & Cherry	
22c. DATE SIGNED 5-21-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-23-57	
23c. NAME OF CEMETERY OR CREMATORY Georgetown, La.		23d. LOCATION (City, town, or county) Georgetown, La.		(State) La.	
24. FUNERAL DIRECTOR Weilert's: 6900 Troost - K.C. Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 5-23-57	
26. REGISTRAR'S SIGNATURE Reva Marshall					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. Burns

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 _____

Signed B. C. Waillet

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K.C. Mo.

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.