

FILED SEP 9 1957

Registration District No. 15 Primary Registration District No. 5070 Registrar's No. 74

S. 300
v. 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARTON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILERO		-Inside Limits- Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN DO		-Inside Limits- Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAMAR MO RR			Length of stay in lb 3 YRS		d. STREET ADDRESS (If outside, give location) LAMAR MO RR			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HAZEL Middle ADA Last GARDNER				4. DATE OF DEATH Month Aug Day 31 Year 1957				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN 28 1899		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 24 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY DWN Home		11. BIRTHPLACE (City and state or country) CEDAR CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM CARROL SKELTON				14. MOTHER'S MAIDEN NAME MELISSA JANE ECKLES				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT HAROLD GARDNER LAMAR MO RR Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary attack							INTERVAL BETWEEN ONSET AND DEATH Sudden death	
Conditions, if any, which gave rise to above cause (a), stating 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 _____ Month, Day, Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) LAMAR		20f. CITY, TOWN, OR LOCATION Barton Mo.		COUNTY		STATE
21. I attended the deceased from Sudden death and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE D R. Guelow (Degree or title)				22b. ADDRESS LAMAR			22c. DATE SIGNED 9-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 3-57	23c. NAME OF CEMETERY OR CREMATORY ST. JAMES			23d. LOCATION (City, town, or county) (State) BARTON C.O. MO.		
24. FUNERAL DIRECTOR G. BERNARD BEENE, SHELDON MO ADDRESS				25. DATE RECD. BY LOCAL REG. SEP 2 - 57		26. REGISTRAR'S SIGNATURE Marie Konstanty		

14-0

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 *E. Bernard Bury*

Licensed Embalmer No. *4116*

P. O. Address *Sheldon*

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.