

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021179  
State File No.

No. 300  
10-48

FILED JUN 16 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 352

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Bloomfield</u> <sup>1030</sup>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle) <u>ARTHUR</u>	
c. (Last) <u>SKELTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1958</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 29, 1899</u>
9. AGE (in years last birthday) <u>58</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>18</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>Ret. Factory Employee (Pre-fab co.)</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Aubra Skelton</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Hudgens</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Skelton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>490-18-3004</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Skelton</u>		ADDRESS <u>Bloomfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary, Portal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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>Esophageal varices</u>		DUE TO (b) _____	
DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Esophageal varices</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5810	
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>5/3</u> , 19 <u>58</u> , to <u>5/17</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/17</u> , 19 <u>58</u> , and that death occurred at <u>5:10 a.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Charles D. Baker</u>		23b. ADDRESS (Degree or title) <u>MD</u>	
23c. DATE SIGNED <u>6/3/58</u>		23d. ADDRESS <u>Cape Girardeau Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 19, 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Liberty cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1958</u>		REGISTRAR'S SIGNATURE <u>Mr. Homer G. Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND.CO., BLOOMFIELD, MO.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

550

JUN 16 1958

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 Lulu Cooper #3499, ~~Student Embalmer No. X~~

~~working under my personal supervision~~

Student.....  
Signature of Student Embalmer

Signed Ivan C. Cooper.....

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.