

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010289
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 267 Primary Registration District No. P048 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Nodoway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Rock Port</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>3 1/2 Wks.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>BESSIE</u> Middle <u>WOOD</u> Last <u>SKELTON</u>			4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 12, 1887</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>00</u> Days <u>30</u>	IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>IN the home</u>	11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Scott Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Heaston</u>	14. NAME OF HUSBAND OR WIFE <u>S.W. Skelton</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>S.W. Skelton</u>	Address <u>Rock Port Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized abdominal carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
DUE TO (b) <u>Adenocarcinoma of rectum</u>		
DUE TO (c) _____		<u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>154 x ri</u>		

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>1954</u> to <u>April 1, 1959</u> and last saw her alive on <u>April 1, 1959</u> Death occurred at <u>9:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Deceased or title) <u>Bessie Skelton</u>	22b. ADDRESS <u>Rock Port, Mo</u>	22c. DATE SIGNED <u>4-2-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/3/59</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Lincoln Center</u>	23d. LOCATION (City, town, or county) (State) <u>Hatfield Missouri</u>
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24. FUNERAL DIRECTOR <u>Schooler Funeral Home Fairfax Mo.</u>	ADDRESS <u>4259</u>	25. DATE RECD. BY LOCAL REG. <u>4 2 59</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

650. 0

APR 1 1956

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 *Marvin H. Schuster*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Va*

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.