

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016573

STATE FILE NUMBER

FILED APR 22 1959

Registration District No. 366 Primary Registration District No. Registrar's No. 40

300
1-57

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1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bretton Trust</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Potosi</i> 1100 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mi E. Peters Unknown</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>503 Austin</i>

3. NAME OF DECEASED (Type or print) First <i>Clifford</i> Middle <i>Leon</i> Last <i>Skiles</i>			4. DATE OF DEATH Month <i>April</i> Day <i>17</i> Year <i>1959</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 14 1935</i>	
9. AGE (In years last birthday) <i>24</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>3</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe</i>	11. BIRTHPLACE (City and state or country) <i>Washington Co Mo U.S.A.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Thomas Skiles</i>		
13b. MOTHER'S MAIDEN NAME <i>Myrtle Cantrell</i>		14. NAME OF HUSBAND OR WIFE <i>—</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Fella Skiles Peters Mo.</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound (Coroner of Washington County notified)		INTERVAL BETWEEN ONSET AND 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"/> <i>2</i>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Law enforcement agency certified death as self-inflicted; no inquest held.
20c. TIME OF INJURY Hour <i>—</i> Month, Day, Year <i>—</i> a.m. <i>—</i> p.m. <i>—</i>	

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.)	20f. CITY, TOWN, OR LOCATION <i>Potosi, Mo.</i>	COUNTY <i>Washington</i>	STATE <i>Mo.</i>
21. Death occurred at <i>About: 10-00A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>N. W. Rudalff</i> (Degree or title) Local Registrar		22b. ADDRESS <i>912 Richeson Rd. Potosi, Mo.</i>	22c. DATE SIGNED <i>4/21/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-19-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Higgins Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Orman Jenkins</i>	ADDRESS <i>Potosi Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>4/21/59</i>	26. REGISTRAR'S SIGNATURE <i>N. W. Rudalff</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Murphy Sparks* _____
Licensed Embalmer No. *4236* _____
P. O. Address *Hot Springs, 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.