URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 25 1959

59-039289

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 179

ENDED

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sherman Twp. — Length of stay in 1b 35 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at the home 4 mile N.W.-Creighton — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Creighton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 mile N.W. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Iva Middle Cordelia Last Skiles
4. DATE OF DEATH Month 11 Day 19 Year 1959
5. SEX female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/25/1885
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Creighton, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William P. Decker
13b. MOTHER'S MAIDEN NAME Sara Alvaretta
14. NAME OF HUSBAND OR WIFE Charles Skiles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 495-42-6706
17. INFORMANT Mr. Charles Skiles Address Creighton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	1/2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerosis generalized	yes.
DUE TO (c)	Rheumatic heart disease	yes.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1946, to date and last saw her ~~him~~ alive on Nov 11, 1959
Death occurred at 2 Pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry B. Newsome
22b. ADDRESS 450 S. Parker, Olathe Kan
22c. DATE SIGNED 11-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/22/1959
23c. NAME OF CEMETERY OR CREMATORY Grant Cemetery
23d. LOCATION (City, town, or county) (State) Creighton, Missouri

24. FUNERAL DIRECTOR Atkinson-Dickey ADDRESS Garden City, Mo.
25. DATE RECD. BY LOCAL REG. 11-21-59
26. REGISTRAR'S SIGNATURE Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Billy J. Hickey

Licensed Embalmer No. 4685

P. O. Address Garden City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.