MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. 174 Primary Registration District No. 3031 Registrer's No. 61 DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Lafayette a. COUNTY Lafayette admission) VS 300 AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Inside Limits Length of stay in 1b OR TOWN years 40 TOWN Yes & No [] Lexington Lexington c. FULL NAME OF (If NOT in hospital, give location) (If outside, give location) Inside Limits d. STREET Reside on Farm DATE, HOSPITAL OR Yes 🗍 No 📮 Yes 🔼 No 🗌 Lexington Memorial Hosp 2004 South Street Middle 4. DATE 3. NAME OF DECEASED Year (Type or print) ٠9. 1965 Skelton III June > Newton Isaac DEATH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 8. MAY OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married 🔼 Never Married Widowed □ Divorced | White Male TT. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Higginsville. Mo. ð Attorney at Law 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME 등 Isaac Newton Skelton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Charlotte Leigh Beach 16. SOCIAL SECURITY NO. 17. INFORMANT Carolyn Boone (Yes, no, or unknown) [(If yes, give war or dates of service) Ike Skelton, Jr. Lexington, Mo. 9420. AR CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 hours RECORD Acute pulmonary edema IMMEDIATE CAUSE (a) secondary to coronary heart disease Conditions, if any, which gave rise to above causa (a), stating the under-DUE TO (c) lying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased WAS CERTIFICATION disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES DE NO I 20c, TIME OF Month, Day, Year Hour RIBBON INJURY a m p.m.

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YPEWRITER

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK IT

21. I attended the deceased from.

Vaughn-Walker

Death occurred at.

24. FUNERAL DIRECTOR

22b. ADDRESS 22c, DATE SIGNED 22a. SIGNATURE (Degree or title) M.D. Lexinaton Missouri 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE 1965 Memorial Park June 12. 25. DATE RECD. BY LOCAL REG.

June 9,1965 nd lest saw her alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

COUNTY

M mura E Esstaburgo

June 9,1965

STATE

20a. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.)

9:50 PM

Lexington. Mo.

(Licensed Embalmer's Statement on Reverse Side)

2 6 1300

1 3 1366

JUN 25 1985

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	e 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 Hawled Lwalker
	Licensed Embalmer No. 45-8-8
	P. O. Address Lexiglan, Sm

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.