

No. 300  
10.48

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29927

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 848

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (In this place) <b>10 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1216 E. Commercial</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1216 E. Commercial</b>		d. STREET ADDRESS (If rural, give location) <b>1216 E. Commercial</b>	

3. NAME OF DECEASED (Type or Print) <b>Isaac Washington Skidmore</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 21 1949</b>
----------------------------------------------------------------------	------------	-------------	-----------	------------------------------------------------------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1863</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	------------------------------------------------	---------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Cookville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
-----------------------------------------------------------------------------------------------------------	---------------------------------------------------------	-----------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <b>Ruben Skidmore</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Robinson</b>	14. NAME OF HUSBAND OR WIFE <b>Roberta Skidmore</b>
------------------------------------------	----------------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lottie Rutledge, Conway, Mo.</b>	ADDRESS
-----------------------------------------------------------------------------	-------------------------------------	----------------------------------------------------------------------------	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary - Renal - Vascular Disease</b>		INTERVAL BETWEEN ONSET AND 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	----------------------------------------------------------------------------------

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) (Min.)	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 **9-1**, 19**49**, to **9-21**, 19**49**, that I last saw the deceased alive on **9-20**, 19**49**, and that death occurred at **11:55 AM** on the causes and on the date stated above.

23a. SIGNATURE <b>May Fitch M.D.</b>	(Degree or title)	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>9-23-49</b>
--------------------------------------	-------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 25, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon, Missouri</b>	24d. LOCATION (City, town, or county) (State) <b>Lebanon, Missouri</b>
---------------------------------------------------------	---------------------------------	-------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG <b>9-24-49</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.M. Dunn</b>	ADDRESS <b>Springfield, Mo.</b>
----------------------------------------	-------------------------------------------	---------------------------------------------------	---------------------------------

(Included Embalmer's Statement on Reverse Side)

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

---

---

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 .....  
Student Embalmer

Signed H. S. McCann .....

Licensed Embalmer No. 2727

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.