

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31393

FILED SEP 22 1949

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6969 Registrar's No. 66

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

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give town) FAIR TWP. RURAL	c. LENGTH OF STAY (in this place) 30 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) RURAL - FAIR TWP. 83	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) 2 MI. NW OF PLATTE CITY	

3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) BERNICE c. (Last) SKILLMAN			4. DATE OF DEATH (Month) (Day) (Year) AUG. 30, 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 12, 1894	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days 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 (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JAMES A. SMITH	13b. MOTHER'S MAIDEN NAME ALICE GREEN	14. NAME OF HUSBAND OR WIFE JOHN I. SKILLMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME JOHN I. SKILLMAN, PLATTE CITY, Mo. ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 170X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatous 8 mo's		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral CA of breast operated 10 years ago 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 1947**, to **Aug 1949**, that I last saw the deceased alive on **Aug 30, 1949**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Graham Parker, M.D.	23b. ADDRESS Platte City, Mo	23c. DATE SIGNED 8/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-1-49	24c. NAME OF CEMETERY OR CREMATORY LAWSON CEMETERY	24d. LOCATION (City, town, or county) (State) LAWSON, MISSOURI
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DATE REC'D BY LOCAL REG. 8-31-49	REGISTRAR'S SIGNATURE Opelia Bolinger	25. FUNERAL DIRECTOR'S SIGNATURE Kollman & Mitchell, Platte City, Mo. ADDRESS
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RECEIVED SEP 8
District Health Officer No. 8,
District File Number

Date Filed 9-21-49

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 Roland W. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.