

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34525

BIRTH NO. _____		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>4260</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>New Madrid</u>		a. STATE <u>Mo</u>		b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Portageville</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		7 2 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Ramona</u>		b. (Middle)		c. (Last) <u>Skinner</u>		(Month) (Day) (Year) <u>Sept 19, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 17, 1909</u>	
9. AGE (In years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>wf</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Ruston, Louisiana</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Henry McNeil</u>			13b. MOTHER'S MAIDEN NAME <u>Folly Pratt</u>			14. NAME OF HUSBAND OR WIFE <u>W.E. Skinner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Sutton</u> ADDRESS <u>Case worker, County Welfare Office New Madrid, Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No Medical Attendant</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By all record death</u>					
		DUE TO (c) <u>Heart due to heart failure.</u>					1134 ¹³
		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) <input checked="" type="checkbox"/>		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) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. S. Hempert</u> (Degree or title) <u>C coroner</u>			23b. ADDRESS <u>New Madrid Mo.</u>			23c. DATE SIGNED <u>Sept 19, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calves Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLisle Funeral Parlor</u> ADDRESS <u>Portageville Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

OCT 20 1949
RECEIVED
District Health Office No. _____
District File Number 1049 - 3
Date Filed _____

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.