

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8165

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5371 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Township 0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles N.E. Jameson, Mo.		d. STREET ADDRESS (If rural, give location) 6 Miles N.E. Jameson, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Isabelle c. (Last) Skinner			4. DATE OF DEATH (Month) (Day) (Year) March 20 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 9 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Daviess County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Nelson Terry	13b. MOTHER'S MAIDEN NAME Ruth Blackburn Scott	14. NAME OF HUSBAND OR WIFE Marion P. Skinner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Irven Skinner, Jameson, Missouri	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac vascular failure		
	DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1945 to March 20, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE D. G. Graham (Deputy title)	23b. ADDRESS Jameson, Mo.	DATE SIGNED 3/28/50
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24a. BURIAL/CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-1950	24c. NAME OF CEMETERY OR CREMATORY Scotland Cemetery	24d. LOCATION (City, town, or county) (State) Daviess Co., Missouri
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DATE REC'D BY LOCAL REG. 28 March 1950	REGISTRAR'S SIGNATURE Virginia M. Engelbert	81	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Gallatin, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1951



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

L. O. Richerson

Licensed Embalmer No. *3307*

P. O. Address *Gallatin, 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.