

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **19319**  
 Registrar's No. **1642**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
c. LENGTH OF STAY (In this place) <b>6 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>301 1/2 Main Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>301 1/2 Main Street</b>		d. STREET ADDRESS <b>301 1/2 Main Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b>	b. (Middle) <b>H.</b>	c. (Last) <b>SKINNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 20, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>September 26, 1886</b>
9. AGE (In years last birthday) <b>63</b>		10. MONTHS <b>5</b>	11. DAYS <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fry Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Restrant</b>	11. BIRTHPLACE (State or foreign country) <b>Kingman, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Mrs Lydia Skinner</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Grace Dahmer Nevada, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____	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 <u>3-8</u> , 19 <u>50</u> , to <u>3-19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>50</u> , and that death occurred at <u>Not known</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>D. D. Daughen</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>318 Frisco Bldg</b>	23c. DATE SIGNED <b>3/27/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>March 21, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY, <b>Eichenger Funeral Home</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>
DATE REC'D BY LOCAL REG. <b>4-5-50</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort.</b> ADDRESS <b>Joplin, Mo.</b>	

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

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RECEIVED 4-10-50  
Jasper County Health Office

County File Number 50-3-281-----  
Date Filed 4-11-50-----

APR 12 1950

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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 *William E. Suddow*-----

Licensed Embalmer No. *4770*-----

P. O. Address *Joplin, 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.