

No. 300
10.48

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36258

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1322

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived, in institution, residence, before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>14 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>314 1/2 So. 16th St. Rear</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 1/2 So. 16th St. Rear</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>	b. (Middle)	c. (Last) <u>Skinner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 17 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3 22 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Not Known</u>	11. BIRTHPLACE (State or foreign country) <u>Jersey County, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Not Known</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>Not Known</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Melge Martin</u>	ADDRESS <u>314 1/2 So. 16th St. Rv.</u>
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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 <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriolosclerotic Heart Disease</u> DUE TO (c) <u>Arteriolosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXXXX</u> <u>H2O</u>			

19a. DATE OF OPERATION <u>XXXXXX</u>	19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXXXX</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXX</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>XXXXXX</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> <u>XXXXXXXXXXXX</u>	21f. HOW DID INJURY OCCUR? <u>XXXXXXX</u>

22. I hereby certify that I attended the deceased from Feb. 7, 1950 to Nov. 17, 1950; that I last saw the deceased alive on Nov. 16, 1950, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clement P. Schneider M.D.</u>	23b. ADDRESS <u>Schneider Building St. Joseph, Missouri</u>	23c. DATE SIGNED <u>11-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castet</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFAADING 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.

Signed _____

Wm. H. Alexander

Signed
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.