

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36921

State File No.

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>494</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u> <u>0380</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>408 S. Humdley</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>Zada</u>		a. (First)		b. (Middle)		c. (Last) <u>Skidmore</u>			
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>26</u>		(Year) <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>July 9, 1890</u>			
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>4</u>		11. DAYS <u>17</u>		12. HOURS <u>17</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>				10b. KIND OF BUSINESS OR INDUSTRY					
11. BIRTHPLACE (State or foreign country) <u>Gentry Co., Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>Bervin Lykins</u>				13b. MOTHER'S MAIDEN NAME <u>Nettie Stafford</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Skidmore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. K. N. Williford, Albany, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES <u>Cerebral hemorrhage</u> DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>4 hrs.</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>334X</u>					
20. AUTOPSY? YES ☐ NO ☐									
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) m.				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-26</u> , 19 <u>51</u> , to <u>11-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>51</u> , and that death occurred at <u>4</u> A. M., from the causes and on the date stated above.									
23a. SIGNATURE <u>C. J. Pray, D.O.</u> (Degree or title)				23b. ADDRESS <u>Albany, Mo.</u>		23c. DATE SIGNED <u>11-28-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28, '51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 28 '51</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albany Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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



OCT 1 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 me

Student Embalmer No.

working under my personal supervision.

Signed

W. H. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Signed
Student Embalmer

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.