

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1

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| 1. PLACE OF DEATH a. COUNTY <u>BUCHANAN 0117</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u> | c. LENGTH OF STAY (in this place) <u>3 Hrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-CAMDEN POINT</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. METHODIST Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>0830</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | b. (Middle) <u>MELISSIA</u> | c. (Last) <u>SKINNER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1, 1952</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>SEPT. 6, 1895</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 11. BIRTHPLACE (State or foreign country) <u>CAMDEN POINT, MO.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>CLAUDE CAMPBELL</u> | 13b. MOTHER'S MAIDEN NAME <u>ANNIE FARMER</u> | 14. NAME OF HUSBAND OR WIFE <u>ELMER SKINNER</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>CLAUDE SKINNER</u> | ADDRESS <u>DEARBORN MO</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>8 MO</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Lobar</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 4-14, 1951, to 1-1, 1952, that I last saw the deceased alive on 1-1, 1952, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>S. L. Buchanan</u> | (Degree or title) | 23b. ADDRESS <u>Dearborn Mo</u> | 23c. DATE SIGNED <u>1-3-52</u> |
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| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-3-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE</u> | 24d. LOCATION (City, town, or county) (State) <u>WESTON MO</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 4, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN-AUFRANC</u> | ADDRESS <u>DEARBORN MO</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED - 1000

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Ms.

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.