

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH333337
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>89</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Clayton</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>125 n. Lighthurn</u>				STREET ADDRESS (If rural, give location) <u>125 n. Lighthurn</u>					
3. NAME OF DECEASED a. (First) <u>STELLA</u> b. (Middle) _____ c. (Last) <u>SKINNEY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 28-54</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 19-1871</u>			
9. AGE (In years last birth) <u>83</u>		10. a. 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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arrow Rock Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mathews, Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Wicks</u>		14. NAME OF HUSBAND OR WIFE <u>James T. Skinner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Graham</u> ADDRESS <u>K.C. 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>Cardiac Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho pneumonia</u> DUE TO (c) _____ 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>24 hr.</u> <u>48 hr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>491X</u> 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) _____		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>Sept 1</u> , 19 <u>54</u> , to <u>Oct 28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 28</u> , 19 <u>54</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Glenn W. Lushman MD</u> (Degree or title)				23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>10/29/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock</u>		24d. LOCATION (City, town, or county) (State) <u>Arrow Rock Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 29, 1954</u>		REGISTRAR'S SIGNATURE <u>Hazel Graham</u> <u>491-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James - Arrow Co. Liberty, Mo</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1954

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.....
Signature of Student Embalmer

Signed..... *Harold G. Smith*

Licensed Embalmer No. *457*

P. O. Address *Liberty, Va*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.