

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1955

State File No. 43323
6008

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 1		c. CITY OR TOWN Camden Point	
c. LENGTH OF STAY (in this place) 5 MO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BENNETT MANOR 300 Benton		STREET ADDRESS (If rural, give location) Rural 0830	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) Rebecca c. (Last) SKINNER			4. DATE OF DEATH (Month) (Day) (Year) Dec 29 1954		
5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH MAR 28 1872		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			11. BIRTHPLACE (City and State or Foreign Country) Clinton Co. MO.		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME George W. Everatt		13b. MOTHER'S MAIDEN NAME Metta Puser		14. NAME OF HUSBAND OR WIFE W. P. SKINNER (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. P. SKINNER Camden Point Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis		9 days	
*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) Intertrochanteric fracture right hip		1 month	
		DUE TO (c)		15 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Nursing Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-29-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell on floor	

22. I hereby certify that I attended the deceased from 10-25, 19 54, to December 29, 19 54, that I last saw the deceased alive on Dec. 28, 1954, and that death occurred at 8:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE W. W. Dodson (degree or title) W. W. Dodson, M.D.		23b. ADDRESS K. C. Mo.		23c. DATE SIGNED	
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE Dec 31 1954		24c. NAME OF CEMETERY OR CREMATORY Camden Point Cem.	
24d. LOCATION (City, town, or county) (State) Camden Point MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn Aufranc Dearborn MO.			
DATE REC'D BY LOCAL REG. 12-30-54		REGISTRAR'S SIGNATURE neva minchall			

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

Dr. Dodson
1010 Prof. Bldg.
12-5

*James
No. 1109*

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 *Thomas A. Sheel*

Licensed Embalmer No. *495*

P. O. Address *J.C.M.*

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.