

FILED APR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7414

254

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Missouri		c. LENGTH OF STAY (in this place) 8 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico, Missouri		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital Inc.,				d. STREET ADDRESS (If rural, give location) 621 Pine Blvd., Poplar Bluff, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha			b. (Middle) R.		c. (Last) Skillings		4. DATE OF DEATH (Month) (Day) (Year) March 20 1955
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-9-1886	
						9. AGE (In years last birthday) 76 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maine	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Fred H. Freeman		13b. MOTHER'S MAIDEN NAME Sadie Dole	
14. NAME OF HUSBAND OR WIFE --				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.	
17. INFORMANT'S SIGNATURE OR NAME V. H. Skillings				ADDRESS Puxico, 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) Asphyxiation					
		ANTECEDENT CAUSES DUE TO (b) Cardiac Failure					
		DUE TO (c) Multiple Cerebral hemorrhages					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		331 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3 12 55, 19___, to 3 20 55, 19___, that I last saw the deceased alive on 3 12 55, 19___, and that death occurred at ___ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>V. H. Skillings</i> (Degree or title)				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 4/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-23-55		24c. NAME OF CEMETERY OR CREMATORY <i>St. Ann</i>		24d. LOCATION (City, town, or county) (State) <i>St. Ann, Maine</i>	
DATE RECD BY LOCAL REG. 4/9/55		REGISTRAR'S SIGNATURE <i>R. H. Mumford</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Floyd Morgan</i> ADDRESS Puxico, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 11 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

MS MAR 9 1962

AUG 15 1955

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 Wm H Morgan

Licensed Embalmer No. 04640

P. O. Address Advocate, Ill

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.