

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22394

State File No.

3090

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 JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN Kansas city	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 48 yrs.		e. STREET ADDRESS (If rural, give location) 21 6226 EAST 14th. 3710	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) LOUIS	c. (Last) SKIRVIN	4. DATE OF DEATH (Month) (Day) (Year) July - 19 - 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. - 3 - 1875	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months -	10. UNDER 24 HRS. Hours -	10. UNDER 60 MIN. Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Foreman	10b. KIND OF BUSINESS OR INDUSTRY K.C., Southern	11. BIRTHPLACE (City and State or Foreign Country) Owenton Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Casper Skirvin	13b. MOTHER'S MAIDEN NAME Sarah Miller	14. NAME OF HUSBAND OR WIFE MARY SKIRVIN
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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. 702-12-3105A	17. INFORMANT'S SIGNATURE OR NAME Mary Skirvin	ADDRESS 6226 E. 14th
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 60
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease with		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Chronic pyelonephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE, HOMICIDE (Specify) no	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)	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 **4-28-1955** to **7-19-1955** that I last saw the deceased alive on **7-19-1955**, and that death occurred at **6:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE W. P. Miller, M.D. (Doctor or therapist)	23b. ADDRESS 100 Argyle Blvd 7-20-55	23c. DATE SIGNED 7-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 23-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 7-20-55	REGISTRAR'S SIGNATURE Neva Minchell	FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc	ADDRESS K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *W.C. Quinn*.....

Licensed Embalmer No. *487*

P. O. Address *N.C., Ma*

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.