

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 1 1955

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Trenton
d. FULL NAME OF HOSPITAL OR INSTITUTION Cullers Hospital		e. STREET ADDRESS (If rural, give location) 506 Grundy	
3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) Melvina c. (Last) Skinner		4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 4, 1891
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	11. BIRTHPLACE (City and State or Foreign Country) Grundy Co., Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John R. Skinner		13b. MOTHER'S MAIDEN NAME Elizabeth E. Slonecker	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. 495-07-0113	17. INFORMANT'S SIGNATURE OR NAME Charles Skinner ADDRESS Trenton, Mo.
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) Massive Pulmonary thrombosis Central embolism with Generalized thrombophlebitis DUE TO (b) 460XH Severe thrombosed varicose veins DUE TO (c) Adenocarcinoma of st. breast II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of st. breast	
INTERVAL BETWEEN ONSET AND DEATH 2 hours 4 days 3 years 1 year			
19a. DATE OF OPERATION 8/13/55	19b. MAJOR FINDINGS OF OPERATION Extensive adenocarcinoma of st breast with axillary metastases		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)	
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 <u>12-27</u> , 19 <u>54</u> , to <u>Aug 18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 18</u> , 19 <u>55</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE C. L. Clark (Degree or title) m. D. O.		23b. ADDRESS Trenton Mo.	23c. DATE SIGNED 8/19/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21, 55	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	24d. LOCATION (City, town, or county) (State) Trenton, Mo.
DATE REC'D BY LOCAL REG. 8-21-55	REGISTRAR'S SIGNATURE J. E. J. J. J.	25. FUNERAL DIRECTOR'S SIGNATURE Gipson Funeral Home ADDRESS Trenton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

5030

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 *Leo H. Whitaker*

Licensed Embalmer No. 47

P. O. Address *Trouton*

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.