

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. BUSICK

State File No. 1080

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 453

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY FULTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 8 HRS.	c. CITY OR TOWN SALEM 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 BURGE HOSPITAL		e. STREET ADDRESS (If rural, give location) 8030 g	

3. NAME OF DECEASED (Type or Print) KAREN	a. (First)	b. (Middle) SUE	c. (Last) SKIDMORE	4. DATE OF DEATH JAN. 12 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 8 1956	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 4	Hours 4	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) SALEM, ARKANSAS.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME UDELL C. SKIDMORE	13b. MOTHER'S MAIDEN NAME EVELYN BARKER	14. NAME OF HUSBAND OR WIFE X
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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. NO	17. INFORMANT'S SIGNATURE OR NAME UDELL C. SKIDMORE	ADDRESS SALEM, ARKANSAS
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Kernicterus		2 d
ANTECEDENT CAUSES		Due to (b) Erythroblastosis fetalis		30
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Septicemia ? 7700		20

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)	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) (Min.)	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 1-12, 1956, to 1-12, 1956, that I last saw the deceased alive on 1-12, 1956, and that death occurred at 8:30A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Urban J. Busick MD</i>	(Degree or title)	23b. ADDRESS <i>Springfield Mo</i>	23c. DATE SIGNED 1-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1/12/56	24c. NAME OF CEMETERY OR CREMATORY SALEM, ARKANSAS	24d. LOCATION (City, town, or county) (State) SALEM, ARKANSAS
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DATE REC'D BY LOCAL REG. 1-16-56	REGISTRAR'S SIGNATURE <i>Edna Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Byrd E. H.</i>	ADDRESS SPRINGFIELD, 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 *Lucien T. Swadley*.....

Licensed Embalmer No. *4812*.....

P. O. Address *Springfield*.....

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.