

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3930**

FILED MAR 12 1957

Registration District No. **47** Primary Registration District No. **3008** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FULTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		3178 0 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSPITAL #1</b>		Length of stay in lb <b>37 YRS.</b>	d. STREET ADDRESS <b>1911 W. 9TH STREET</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MINNIE</b>			First <b>MINNIE</b> Middle <b>SKOLLER</b> Last <b>SKOLLER</b>		4. DATE OF DEATH <b>3-4-57</b> Month <b>3</b> Day <b>4</b> Year <b>57</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>UNKNOWN</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>9</b> Hours <b>12</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>UNKNOWN</b>		12. CITIZEN OF WHAT COUNTRY? <b>DK</b>
13. FATHER'S NAME <b>UNKNOWN</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>STATE HOSPITAL #1, FULTON, MISSOURI</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>0</b>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>STATE HOSPITAL #1</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>STATE HOSPITAL #1</b>	
21. Attended the deceased from <b>6-4-19</b> to <b>3-4-57</b> Death occurred at <b>8:55 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. C. Robertson</b> (Degree or title) <b>R. C. ROBERTSON, MD</b>			22b. ADDRESS <b>STATE HOSPITAL #1, FULTON, MO.</b>		22c. DATE SIGNED <b>3-4-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>3/4/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DK</b>		23d. LOCATION (City, town, or county) (State) <b>Nansas City Mo</b>
24. FUNERAL DIRECTOR <b>Leavis Funeral</b>		ADDRESS <b>1 Wome 110 mo</b>		25. DATE RECD. BY LOCAL REG. <b>March 9-1957</b>	26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DO NOT WRITE IN THESE SPACES. If the cause of death is a natural cause, the cause of death must be certified to by the coroner. If the cause of death is a natural cause, the cause of death must be certified to by the coroner. If the cause of death is a natural cause, the cause of death must be certified to by the coroner.

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.....  
*[Handwritten Signature]*

Licensed Embalmer No. 37

P. O. Address.....  
*[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.