

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33036

STATE FILE NUMBER

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 222

5-300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clifton Hill</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		Length of stay in lb <u>7 weeks</u>	d. STREET ADDRESS <u>none</u>
		(If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Cassie</u>	Middle <u>Maude</u>	Last <u>Skillen</u>	4. DATE OF DEATH	Month <u>September</u>	Day <u>7</u>	Year <u>1957</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 3, 1867</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>90</u>	IF UNDER 24 HRS. Hours <u>0</u>	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Randolph County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>Thomas Mayo</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Mathis</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Skillen</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Robert Skillen: Clifton Hill, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u> <u>7 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis.</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <u>5:20 p.m.</u> <u>June 1950</u> , to <u>9-7-57</u> and last saw her alive on <u>9-7-57</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>G. Noel Davis D.O.</u>	(Degree or title)	22b. ADDRESS <u>Clifton Hill, Mo.</u>	22c. DATE SIGNED <u>9-8-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-9-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clifton Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Clifton Hill, Missouri</u>
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24. FUNERAL DIRECTOR <u>Tom B Patton</u>	ADDRESS <u>Huntsville</u>	25. DATE RECD. BY LOCAL REG. <u>9-9-57</u>	26. REGISTRAR'S SIGNATURE <u>Charles Lane</u>
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(Licensed Embalmer's Statement on Reverse Side)

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Tom B Patton* .....

Licensed Embalmer No. *3914* .....

P. O. Address.. *Humboldt* .....

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.