

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017453

STATE FILE NUMBER

FILED MAY 21 1958 Registration District No. 43 Primary Registration District No. 5141 Registrar's No. 361

300
1-57
203

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gillis Bluff Twsp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> <u>225th</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Public Hiway 53</u> Length of stay in 1b <u>Transient</u>		d. STREET ADDRESS (If outside, give location) <u>817 N. 15th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Olivia Skinner</u>			4. DATE OF DEATH Month Day Year <u>May 14, 1958</u>
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-12-29</u>
9. AGE (In years last birthday) <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas</u>
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 _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Wicks Wicks</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Williams</u>	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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>L. Davis, St. Louis, Mo.</u>
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>Basic Skull Fracture</u> DUE TO (b) <u>Automobile accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
20a. ACCIDENT <input checked="" 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.) <u>Automobile accident on public hiway</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>5 a.m. 5 14 58</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public hiway</u>	
20f. CITY, TOWN, OR LOCATION <u>Butler</u> COUNTY <u>012</u> STATE <u>Mo</u>		20g. CITY, TOWN, OR LOCATION <u>Butler</u> COUNTY <u>012</u> STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:00am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner 3</u>		22b. ADDRESS <u>Poplar Bluff, Mo.</u>	
22c. DATE SIGNED <u>5-14-58</u>		22d. ADDRESS _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-14-58</u>	
23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>RELIABLE FUNERAL HOME, ST. LOUIS, MO</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>5/17/58</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE _____	

RECEIVED

MAY 19 1958 MAY 19 1958

BUTLER CO. HEALTH CENTER

OCT 8 1958

FILE No. _____

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 *Ray P Adams* _____
Licensed Embalmer No. *4928*

P. O. Address *Poplar Bluff* _____

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.