

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019157
STATE FILE NUMBER

FILED JUN 2 1958

Registration District No. 255 Primary Registration District No. 5875- Registrar's No. 24

S. 300
1-57

1. PLACE OF BIRTH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If inside corporate limits, give TOWNSHIP only) <u>Thomasville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Thomasville</u> ⁰⁷⁵⁰ ₀ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomasville</u>		d. STREET ADDRESS (If outside, give location) <u>✓</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Barab Ann Skinner</u>		4. DATE OF DEATH Month Day Year <u>4-13-58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>9-5-1861</u>
9. AGE (In years) <u>96</u> IF UNDER 1 YEAR (Month Day) <u>7 8</u> IF UNDER 24 HRS. (Hours Min.)		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>✓</u>		11. BIRTHPLACE (City and state or country) <u>Wet Hains Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Benjamin</u>	
13b. MOTHER'S MAIDEN NAME <u>Barab Howell</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. IMPROBANT Address <u>A. Skinner Spokane Wash</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>Pneumonia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Brain Symp. & Generalized Arteriosclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 wks.</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.) <u>491X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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	
21. I attended the deceased from <u>Oct '58</u> to <u>Nov '59</u> and last saw her alive on <u>Nov 1968</u> Death occurred at <u>810 S.A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <u>Jim E. Lytle M.D.</u> (Degree or title)		22b. ADDRESS <u>Mammoth Springs, Missouri</u>	
22c. DATE SIGNED <u>5-13-58</u>		23a. BURIAL CREMATION (Specify)	
23b. DATE <u>4/15-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	
23d. LOCATION (City, town, or county) (State) <u>Wet Hains Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Robertson Wet Hains Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>5/29/58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs W. Johnson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 

Licensed Embalmer No. 3470

P. O. Address West Hill

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.