Health, Welfare Public Service

. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022411
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Odessa — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 20 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Odessa — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 0540 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Benjamin Middle: Harrison Last: Skidmore
4. DATE OF DEATH: Month June Day 18 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 14, 1891
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Johnson Co., Mo.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Thos. B. Skidmore
14. MOTHER'S MAIDEN NAME: Mary Graves
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-26-5216
17. INFORMANT: Mrs. Eula Skidmore, Address: Odessa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Prostate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with metastasis to liver bladder — one year
DUE TO (c): and intestines 177X
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 ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1957, to June 18 1958 and last saw her/him alive on June 18, 1958
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Martin MD (Degree or title) 0
22b. ADDRESS: Odessa Mo
22c. DATE SIGNED: 6-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 21, 1958
23c. NAME OF CEMETERY OR CREMATORY: Knobnoster Cemetery
23d. LOCATION (City, town, or county) (State): Knobnoster, Mo.

24. FUNERAL DIRECTOR: Husman-Sparks ADDRESS: Odessa, Mo.
25. DATE RECD. BY LOCAL REG.: 6-19-1958
26. REGISTRAR'S SIGNATURE: Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. T. Sparks

Licensed Embalmer No. 44..

P. O. Address Orlean
M

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.