

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 1 1959 20

59-028688

Registration District No. 79 Primary Registration District No. Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry		Length of stay in lb 1 year		c. CITY OR TOWN Guilford		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harmony Hill Rest Haven		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS none		(If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First DANIEL Middle SKIDMORE Last SKIDMORE				4. DATE OF DEATH Month 8 Day 11 Year 59			
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 2/18/71	
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months 8 Days 11		IF UNDER 24 HR Hours 59 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and state or country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Skidmore		13b. MOTHER'S MAIDEN NAME Mary Ann Thompson		14. NAME OF HUSBAND OR WIFE dec. Letitia Ellen Skidmore			
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. none		17. INFORMANT Mrs. Elvet Davidson, Guilford, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular disease DUE TO (b) Arterio sclerosis DUE TO (c) unknown. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH years. years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broncho pneumonia						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 11:15 a.m. P. Month, Day, Year 8-10-53		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 Stanberry, Missouri		COUNTY Missouri		STATE Missouri	
21. I attended the deceased from 8-10-53 to 8/11/59 and last saw him alive on 8-11-59 Death occurred at 11:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Clifford L. Carlin, M.D. (Degree or title)				22b. ADDRESS Stanberry, Missouri		22c. DATE SIGNED 8-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/14/59		23c. NAME OF CEMETERY OR CREMATORY Graves		23d. LOCATION (City, town, or county) (State) Guilford, Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.				25. DATE RECD. BY LOCAL REG. 8-26-59		26. REGISTRAR'S SIGNATURE Mrs. L.W. Bare	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville

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.