

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017977

FILED VS APR 19 1960 324

324

Primary Registration District No. 3072

Registrar's No. 73

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Saline									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 7 days		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 604 Hurt St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA ELIZABETH SKINNER				4. DATE OF DEATH Month Day Year April 12, 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-30-1898		9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Napton, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME William Hinton				13b. MOTHER'S MAIDEN NAME Emily Axton				14. NAME OF HUSBAND OR WIFE Clarence Skinner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No				16. SOCIAL SECURITY NO. 498-22-8680		17. INFORMANT Address Mr. Clarence Skinner, Slater, 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) Carcinoma of lung with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. metastasis to pericardium, DUE TO (b) diaphragm + liver DUE TO (c) metastasis to pericardium, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH 8 mo.			
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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 August 1948 to April 12, 1960 and last saw her/him alive on 4/11/60 Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE C.A. McBurney, M.D. (Degree or title)						22b. ADDRESS Slater, Mo.			22c. DATE SIGNED 4/12/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-14-1960		23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Slater, Missouri		(State)					
24. FUNERAL DIRECTOR Haines Funeral Home Slater, Mo.				25. DATE RECD. BY LOCAL REG. 4-14-'60		26. REGISTRAR'S SIGNATURE Cecil G. Reed							

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 7

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.