URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

-60-031075

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 201 Registrar's No. 413

NDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt 3, Joplin
Length of stay in 1b: 12 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi No of Joplin
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 3, Joplin
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Linza Middle: L. Last: Skinner

4. DATE OF DEATH Month: Aug. Day: 17 Year: 1960

5. SEX: Male

6. COLOR OR RACE: white.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: June 7, 1883

9. AGE (last birthday): 77

IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: Railway

11. BIRTHPLACE (City and state or country): Grove, Okla.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Skinner

13b. MOTHER'S MAIDEN NAME: Mary Ormar

14. NAME OF HUSBAND OR WIFE: Fleter

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. Fleter Skinner, rt 3, Joplin, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day –

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cancer of Prostate — 1 year.

DUE TO (c) Metastasis Brain - Pelvis — 6 months

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. ☐ 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 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. 1959, to August 16, 1960 and last saw ~~her~~ him alive on August 16th, 1960

Death occurred at 9:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sidney Lawson (Degree or title) MD.

22b. ADDRESS Joplin Missouri

22c. DATE SIGNED 8-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-19-60

23c. NAME OF CEMETERY OR CREMATORY Swars Pr. Baptist Chu.

23d. LOCATION (City, town, or county) (State) Newton Co. Mo.

24. FUNERAL DIRECTOR W. E. Bell Mrs. ADDRESS Seneca Mo

25. DATE RECD. BY LOCAL REG. 8-19-1960

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 7 1960

AUG 31 1960

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 2179

P. O. Address Seneca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.