SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020801
STATE FILE NUMBER

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 29

FILED JUN 21 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Urbana — Length of stay in 1b: 14 Mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): N. Maine — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: OTA Middle: Last: SKINNER

4. DATE OF DEATH: Month: June Day: 12 Year: 1961

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 22, 1880
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (City and state or country): Camden Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Grant M. Eldred
13b. MOTHER'S MAIDEN NAME: Sarah Lee
14. NAME OF HUSBAND OR WIFE: M. V. Skiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: M. V. Skinner Address: Urbana, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	9 days
DUE TO (b)	Rheumatoid Arthritis	8 yrs.
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)

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 2/19/1961, to 6/12/1961 and last saw her/him alive on 6/12/2 A.M.
Death occurred at 6-A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Neo Kowertz, M.D.
22b. ADDRESS: Urbana, Missouri
22c. DATE SIGNED: 6/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: June 14, 1961
23c. NAME OF CEMETERY OR CREMATORY: Macks Creek
23d. LOCATION (City, town, or county) (State): Macks Creek, Mo.

24. FUNERAL DIRECTOR: L. B. Jones ADDRESS: Buffalo, Mo.
25. DATE RECD. BY LOCAL REG.: 6/20/1961
26. REGISTRAR'S SIGNATURE: [signature]

(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 embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed R. E. Cheatham

Signature of Student Embalmer

Licensed Embalmer No. 3813

P. O. Address Buffalo

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