

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014036

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 93

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10047

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <p style="font-weight: bold; font-size: 14pt;">FILED APR 25 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Audrain</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u> Length of stay in 1b <u>2 days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain County</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |  | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u></p> <p>c. CITY OR TOWN <u>Centralia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>104 West Barnes</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |   |   |  |
| <p>3. NAME OF DECEASED (Type or print) First <u>Ivy</u> Middle <u>Winn</u> Last <u>Skinner</u></p>   |  |   | <p>4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1962</u></p> |   |  |
| <p>5. SEX <u>Female</u></p>  |  | <p>6. COLOR OR RACE <u>Caucasian</u></p>  |   | <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p> |  |
| <p>8. DATE OF BIRTH <u>8/15/1878</u></p>   |  | <p>9. AGE (last birthday) <u>83</u> Months <u>8</u> Days <u>2</u> Hours <u></u> Min. <u></u></p>  |   | <p>IF UNDER 1 YEAR IF UNDER 24 HR</p>   |  |
| <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>  |  |   | <p>10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u></p>                |   | <p>11. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u></p> |
| <p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>  |  |   | <p>13a. FATHER'S NAME <u>James B. Fowler</u></p>                          |   |  |
| <p>13b. MOTHER'S MAIDEN NAME <u>Kaura Winn</u></p>   |  |   | <p>14. NAME OF HUSBAND OR WIFE <u>deceased</u></p>                        |   |  |
| <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>  |  |   | <p>16. SOCIAL SECURITY NO. <u>None</u></p>                                |   | <p>17. INFORMANT Address <u>Leonard Skinner, Wash. D.C.</u></p>            |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>acute renal failure</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) <u>arteriosclerotic nephrosclerosis and acute phelonephritis</u></p> <p>DUE TO (c) <u></u></p>                                      |  |   |   |   |  |
| <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive cardiovascular disease; arteriosclerosis cerebral</u></p>   |  |   |   |   |  |
| <p>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</p>   |  |   |   |   |  |
| <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>  |  | <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>  |   | <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>   |  |
| <p>20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u></p>   |  | <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>   |   |   |  |
| <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>  |  | <p>20f. CITY, TOWN, OR LOCATION <u>Centralia</u> COUNTY <u>Boone</u> STATE <u>Mo.</u></p>   |   | <p>21. I attended the deceased from <u>8-4-56</u> to <u>4-17-62</u> and last saw her/him alive on <u>4-17-62</u></p>  |  |
| <p>Death occurred at <u>12:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>  |  |   |   |   |  |
| <p>22a. SIGNATURE (Degree or title) <u>Robt L. Ward MD</u></p>   |  |   | <p>22b. ADDRESS <u>Centralia, Missouri</u></p>                            |   | <p>22c. DATE SIGNED <u>4/18/62</u></p>                                     |
| <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>   |  | <p>23b. DATE <u>Apr. 20, 1962</u></p>   | <p>23c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u></p>                |   | <p>23d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u></p> |
| <p>24. FUNERAL DIRECTOR ADDRESS <u>Bess Jo Meador Centralia, Missouri</u></p>  |  |   | <p>25. DATE RECD. BY LOCAL REG. <u>April 18-1962</u></p>                  |   | <p>26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u></p>                      |

USE BLACK INK OR TYPEWRITER RIBBON

Robt L. Ward MD

Permit obtained  
4-18-62  
B.H.

APR 26 1962

**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 Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Centuria, Missouri

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.