

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023672

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 5589 Registrar's No. 96

FILED JUN 22 1962

VS 300  
Rev. 4/59

6490  
26008

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Union Township</u>		Length of stay in 1b <u>min.</u>	c. CITY OR TOWN <u>Kansas City North</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Carthage DOA McCune-Brooks Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3202 E. 83rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>BELL</u> Last <u>SKINNER</u>		4. DATE OF DEATH Month <u>6</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-14-1938</u>
9. AGE (last birthday) <u>23</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>beautician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>beauty shop</u>	11. BIRTHPLACE (City and state or country) <u>Buchanan County, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>J. L. Shaw</u>	
13b. MOTHER'S MAIDEN NAME <u>Violet Greenstreet</u>		14. NAME OF HUSBAND OR WIFE <u>John D. Skinner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>J. L. Shaw</u>		Address <u>5400 E. 50th St No.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest &amp; Basal Skull Fracture</u> DUE TO (b) <u>Car Accident</u> DUE TO (c) <u>Car Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>multiple fractures lower extremities</u>		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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Car-truck head-on collision</u>	
20c. TIME OF INJURY Hour <u>11:05</u> a.m. Month, Day, Year <u>6-16-62</u>	Accident happened 1 mile east Fidelity Corner on Highway 166		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 166</u>	20f. CITY, TOWN, OR LOCATION <u>SE Carthage</u>	COUNTY <u>Jasper</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>did not attend</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>approx 11:30</u> a <u>  </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald Duke D.D.S. CORONER</u>		22b. ADDRESS <u>Joplin, Mo</u>	22c. DATE SIGNED <u>6-16-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6-18-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>No. 6 Cemetery</u>	23d. LOCATION (City, town, or county) <u>near Faucett, Mo Buchanan County, Mo</u>
24. FUNERAL DIRECTOR <u>Knell Mortuary Carthage, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-17-62</u>	26. REGISTRAR'S SIGNATURE <u>W. Clinton</u>

JUN 28 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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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.