MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-023908

Registration District No. 200 FILED JUN 26 1962 Primary Registration District No. 2041 Registrar's No. 3041 | 02 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MACON
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TAYLOR Nursing Home
Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First: Carrie Middle: Theresea Last: Skinner

4. DATE OF DEATH: Month 6 Day 4 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-27-1878
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months 4 Days 7
IF UNDER 24 HR: Hours — Min.

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

13a. FATHER'S NAME: Joseph Shears
13b. MOTHER'S MAIDEN NAME: Mary Shehann
14. NAME OF HUSBAND OR WIFE: Ed. A. Skinner

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

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Kidney Insufficiency
DUE TO (c): Pyelonephritis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteria Sclerotic Heart Disease
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 April 5-62, to 6-4-1962 and last saw him alive on 6-4-1962
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. L. Woodward (Degree or title) DO
22b. ADDRESS: Atlanta Mo
22c. DATE SIGNED: 6-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-7-1962
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's
23d. LOCATION (City, town, or county) (State): MACON Mo

24. FUNERAL DIRECTOR: Theo H. Goodding ADDRESS: Atlanta, Mo
25. DATE RECD. BY LOCAL REG.: 6-10-62
26. REGISTRAR'S SIGNATURE: Ruth McCreary

(Licensed Embalmer's Statement on Reverse Side)

OCT 25 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 Theo H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, 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.