

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22853
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 874

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Highland</b>	
c. LENGTH OF STAY (in this place) <b>9 days</b>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Erminnie</b> b. (Middle) <b>Skinner</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1950</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 22, 1866</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER 1 YEAR Months <b>8</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Highland, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Charles Marcell</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Birchfield</b>		14. NAME OF HUSBAND OR WIFE <b>Lewis Skinner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. V. Rittenhouse, Highland, Kansas</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 da.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis</b>		
	DUE TO (b) <b>Senility; Rt Hemiplegia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from July 20, 1950, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 5:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. B. Jenkins M.D.</b>		23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>8.1.50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-27-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Kansas</b>	
24d. LOCATION (City, town, or county) (State) <b>Highland Kansas</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Jenkins</b>		24f. ADDRESS <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 5, 1950</b>		REGISTRAR'S SIGNATURE <b>E. B. Jenkins</b>		382	

**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 .....

Student Embalmer

Signed.....

*William Spelling*

Licensed Embalmer No. *4535*

P. O. Address *319 E. 10<sup>th</sup> St. Joseph*

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 this body is not embalmed, fact should be so stated above.