

No. 300  
10.48

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29524

1125

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. \_\_\_\_\_

113

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Mo</u> b. COUNTY <u>Callwell</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>   |  |
| c. LENGTH OF STAY (in this place) <u>5 wks</u>  |  | d. STREET ADDRESS (If rural, give location) _____  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>                         |  |  |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ESTELLA</u> b. (Middle) <u>ANN</u> c. (Last) <u>SKINNER</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3-1950</u> |  |  |
|--|--|--|---|--|--|

|                      |                               |   |                                     |   |                              |                             |                             |                            |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------------|-----------------------------|-----------------------------|----------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Jan. 1-1881</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 24 HRS. Days _____ | IF UNDER 1 MIN. Hours _____ | IF UNDER 1 MIN. Min. _____ |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------------|-----------------------------|-----------------------------|----------------------------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u> | 11. BIRTHPLACE (State or foreign country) <u>Page County Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
|--|--|---|--|

|                                       |   |   |
|---------------------------------------|---|---|
| 13a. FATHER'S NAME <u>Joseph King</u> | 13b. MOTHER'S MAIDEN NAME <u>Jennie Mason</u> | 14. NAME OF HUSBAND OR WIFE <u>Arthur Skinner</u> |
|---------------------------------------|---|---|

|  |                               |   |               |
|--|-------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lydia Skinner, Severy, Mo.</u> | ADDRESS _____ |
|--|-------------------------------|---|---------------|

|   |  |      |                                  |
|---|--|------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |      | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac thrombosis</u>   |      |                                  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cancer of tumour colon</u><br>DUE TO (c) _____ |      |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>General senescence</u>   |  | 153X |                                  |

|                              |  |  |
|------------------------------|--|--|
| 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) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|--|---|----------------------------------|

22. I hereby certify that I attended the deceased from 8-7, 1950 to 10-3, 1950 that I last saw the deceased alive on 10-3, 1950, and that death occurred at 1:45 PM m., from the causes and on the date stated above.

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>H. N. T. ...</u> (Degree or title) _____ | 23b. ADDRESS <u>St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>10/13/50</u> |
|--|-------------------------------------|----------------------------------|

|   |                              |  |   |
|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 5-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Shenandoah Cemetery, Shenandoah Iowa</u> | 24d. LOCATION (City, town, or county) (State) _____ |
|---|------------------------------|--|---|

|   |   |  |               |
|---|---|--|---------------|
| DATE REC'D BY LOCAL REG. <u>Oct 7, 1950</u> | REGISTRAR'S SIGNATURE <u>Carl C. Costello</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Lawrence Swanson, Hopkins, Mo.</u> | ADDRESS _____ |
|---|---|--|---------------|

JAN 15 1951

NOV 21 1951

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 \_\_\_\_\_

*myself*

working under my personal supervision.

Student Embalmer No. ....

Signed

*Stanley Swanson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3963

P. O. Address Hopkins 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 this body is not embalmed, fact should be so stated above.