

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20758**

FILED JUN 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **709** PRIMARY REG. DIST. NO. **3043** Registrar's No. **213**

1644

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence 308 Magnolia</b>		d. STREET ADDRESS (If rural, give location) <b>308 Magnolia</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nina</b> b. (Middle) <b>Wintermute</b> c. (Last) <b>Skidmore</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1951</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>October 14, 1863</b>	9. AGE (In years last birthday) <b>87</b>	IF 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>XX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (State or foreign country) <b>Norton Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>Jacob Wintermute</b>	13b. MOTHER'S MAIDEN NAME <b>Etta A Buckmaster</b>	14. NAME OF HUSBAND OR WIFE <b>Joshua Thayer Skidmore</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W F Davidson</b> ADDRESS <b>Hannibal Missouri</b>
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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>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Terminal Arteriosclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-4-48**, 19\_\_, to **6-20-51**, 19\_\_, that I last saw the deceased alive on **6-20-51**, 19\_\_, and that death occurred at **4:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. D. Greene</b> (Degree or title)	23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>	23c. DATE SIGNED <b>6-20-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/25/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Deleware Ohio</b>
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DATE REC'D BY LOCAL REG. <b>6-21-51</b>	REGISTRAR'S SIGNATURE <b>Dr. K. M. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Fisher</b> ADDRESS <b>Hannibal Missouri</b>
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Dr. Greene

JUN 25 1951

MAKON CO. HEALTH DEPT.

DATE FILED JUN 27 1951

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*H. Crawford Smith*

.....  
Student Embalmer

Licensed Embalmer No. 3418

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