

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9336**

FILED MAR 21 1952

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5905** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Remiseat			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Remiseat		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (in this place) 8 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0780		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Wayward Community			d. STREET ADDRESS (If rural, give location) Portageville		
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Estelle c. (Last) Skinner			4. DATE OF DEATH (Month) (Day) (Year) March 12 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 6, 1957		9. AGE (In years last birthday) 14 5 6 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Paragould, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Skinner		13b. MOTHER'S MAIDEN NAME Fanny Cameron		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs James Skinner, Portageville Ark		
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) Unknown- this girl was found dead in bed. All indications direct to pneumonia.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) X				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		493X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE James A. Osburn (Degree or title) Coroner			23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 3-14-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-52	24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.	24d. LOCATION (City, town, or county) (State) Portageville Mo.		
DATE REC'D BY LOCAL REG. 3-18-52	REGISTRAR'S SIGNATURE John W. German		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Delisle Funeral Parlor - Portageville Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0780

3-52-83

Rec. MAR 19 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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

Joseph A. Bealish

Signed.....

Student Embalmer

Licensed Embalmer No. 4481

P. O. Address Stagville, 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.