Health, Welfare Public Service

300
1-57

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31148
STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 4113 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN: Brunswick — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Brunswick, Mo. — Length of stay in 1b: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Chariton
c. CITY OR TOWN: Brunswick 0210 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Tina Middle: Eurelle Last: Skillman

4. DATE OF DEATH: Month September Day 25 Year 57

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] 0

8. DATE OF BIRTH: 9/23/57

9. AGE (In years last birthday): ---- — IF UNDER 1 YEAR: Months 0 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Brunswick, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Mason Skillman

13b. MOTHER'S MAIDEN NAME: Madiline Hughes

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mason Skillman, Brunswick, 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) Congential Cardiac Defect — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7544

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 9/23/57, to 9/25/57 and last saw her alive on 9/25/57
Death occurred at 4:58 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. H. Shear M.D.

22b. ADDRESS: Brunswick, Missouri

22c. DATE SIGNED: 9/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/26/56

23c. NAME OF CEMETERY OR CREMATORY: Dalton Cemetery

23d. LOCATION (City, town, or county) (State): Dalton, Missouri

24. FUNERAL DIRECTOR ADDRESS: George A. Green, Marshall Mo.

25. DATE RECD. BY LOCAL REG.: 9/26/57

26. REGISTRAR'S SIGNATURE: M. Boone Dovie Smith DEPUTY

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

0

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 George Green

Licensed Embalmer No. 4220

P. O. Address Marshall

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.