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No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010075  
State File No. 1530

FILED APR 9 1958

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Robert K. Skillingman

1. PLACE OF DEATH a. COUNTY JACKSON Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, with RURAL and city township) TOWN JACKSON		c. LENGTH OF STAY (in this place) 7 DAYS	c. CITY OR TOWN Pittsburg
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSP.		STREET ADDRESS (If rural, give location) 1512 N GRAND 91508	
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) MARGARET c. (Last) MARTIN		4. DATE OF DEATH (Month) (Day) (Year) MAR 24 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 16. 1891
9. AGE (In years last birthday) 6.6	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME EARNEST POWELL	13b. MOTHER'S MAIDEN NAME BLANCHE BEMISTAUFFER	14. NAME OF HUSBAND OR WIFE HENRY N. MARTIN	
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT S. MARTIN, PITTSBURG, KANS.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Pericarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Pneumonia Bronchial  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		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 <u>Mar 18, 1958</u> , to <u>Mar 24, 1958</u> , that I last saw the deceased <u>Alive on Mar 24, 1958</u> , and that death occurred at <u>7:25 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert K. Skillingman M.D.		23b. ADDRESS 4635 N. Grand St. Home Co. Mo.	23c. DATE SIGNED 3-24-58
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-24-1958	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET	24d. LOCATION (City, town, or county) (State) PITTSBURG, KANS.
DATE REC'D BY LOCAL REG. 3-24-58	REGISTRAR'S SIGNATURE neva munsell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY, K. C. MO.	

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Walter H. Carmin

Licensed Embalmer No. 435

P. O. Address H. C. 2

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.