THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010736
STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- Franklin — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) West-Aurora — Length of stay in 1b Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller 0669
c. CITY OR TOWN Eldon Route 2 — Inside Limits Yes ☑ No ☒
d. STREET ADDRESS (If outside, give location) West-Aurora — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Edna Middle Jane Last Skinner
4. DATE OF DEATH Month March Day 2 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 1 July 1873
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY At-Home
11. BIRTHPLACE (City and state or country) Miller-Co-Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William-T.-Buchanan
14. MOTHER'S MAIDEN NAME Katheryn-Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Carl-Russell- Eldon 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) Chronic Myocarditis and Myocardial Degeneration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease
DUE TO (c) Arteriosclerosis 443X
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year None
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.) None
20f. CITY, TOWN, OR LOCATION None — COUNTY — STATE

21. I attended the deceased from 20 Feb 58, to 2 March 58 and last saw her/him alive on 26 Feb 1958
Death occurred at 3:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl T Buckley Jr M.D.
22b. ADDRESS Eldon Mo
22c. DATE SIGNED 3 March 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4 March 58
23c. NAME OF CEMETERY OR CREMATORY Dooley
23d. LOCATION (City, town, or county) (State) Miller-Co- Mo

24. FUNERAL DIRECTOR Keith M Kays — ADDRESS Eldon Mo
25. DATE RECD. BY LOCAL REG. Mar. 3, '58
26. REGISTRAR'S SIGNATURE Alverretta Walt

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
800 -56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
120

RECEIVED

MAR 13 '58

Miller County
Health Department

MAR 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Keith M Kays

Licensed Embalmer No 3.99

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.