

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010253
STATE FILE NUMBER 8

Registration District No. 237 Primary Registration District No. 5820 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Gideon (Anderson)</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Gideon</i> 0720 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>none</i>		Length of stay in lb <i>4 1/2 yrs.</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>ELMER Joseph SKINNER</i>			4. DATE OF DEATH Month Day Year <i>3-19-1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-10-1907</i>		9. AGE (In years last birthday) <i>52</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR OCCUPATION <i>FARMER</i>	11. BIRTHPLACE (City and state or country) <i>Gibson Co. Ind.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>A. E. Skinner</i>		13b. MOTHER'S MAIDEN NAME <i>Amanda Farrar</i>		14. NAME OF HUSBAND OR WIFE <i>Mable Skinner</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>497-304161</i>		17. INFORMANT Address <i>A. E. Skinner, Gideon, Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Disease</i>			
DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from <i>Mar 1/59</i> to <i>Mar 19/59</i> and last saw her alive on <i>Mar 19/59</i> Death occurred at <i>Mar 19/59</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <i>3-20-59</i>

23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <i>3-21-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Gilead</i>		23d. LOCATION (City, town, or county) (State) <i>Clarkton, Mo.</i>
24. FUNERAL DIRECTOR <i>Lloyd Lummel Figgott</i>		ADDRESS <i>[Address]</i>	25. DATE RECD. BY LOCAL REG. <i>Mar 3-21-59</i>		26. REGISTRAR'S SIGNATURE <i>Mrs S E Hopkins</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lloyd Russell*

Licensed Embalmer No. *509-0*

P. O. Address *Jiggott, Ark*

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.