RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-026179
STATE FILE NUMBER

ILED VS JUL 22 1960

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE — Length of stay in 1b 2 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 802 SO. INDEPENDENCE — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CASS
c. CITY OR TOWN HARRISONVILLE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 802 So INDEPENDENCE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SARAH DOROTHY Middle P. Last SKINNER
4. DATE OF DEATH Month July Day 12 Year 1960
5. SEX Fe
6. COLOR OR RACE Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Jan 12, 1902
9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C
10b. KIND OF BUSINESS OR INDUSTRY AIRFORCE BASE RICHARDS GEBAUER
11. BIRTHPLACE (City and state or country) Wyandotte, Okla
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ross Preston
13b. MOTHER'S MAIDEN NAME Eda Anita Johnson
14. NAME OF HUSBAND OR WIFE Allanson Skinner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 2ND W.W.
16. SOCIAL SECURITY NO. 500-03-2648
17. INFORMANT Walter Preston Address 1539 B So. 15th St Milwaukee 4, Wisc.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY THROMBOSIS — Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 5 YRS
DUE TO (c)
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)
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 7 30 1955 to JULY 12, 1960 and last saw her/him alive on JULY 12, 1960
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J B Burgess MD
22b. ADDRESS Harrisonville Mo.
22c. DATE SIGNED July 14, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 19-1960
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Ft Leavenworth (State) Kansas

24. FUNERAL DIRECTOR Runnenburgers ADDRESS Harrisonville Mo.
25. DATE RECD. BY LOCAL REG. July 14 1960
26. REGISTRAR'S SIGNATURE Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 31 1960

NOV 3 1960

JUL 26 1960

AUG 5 - 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ernest Rennenbu

Licensed Embalmer No. 3368

P. O. Address Harrisonv

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