

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 28 1960

-60-045843

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 113 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo.			Length of stay in 1b 4 yrs		c. CITY OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shields Boarding Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 306 S. Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First MARTHA Middle MATTIE Last SKINNER						4. DATE OF DEATH Month DEC. Day 19, Year 1960							
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/25/1879		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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) Howard County, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME W. R. Powell				13b. MOTHER'S MAIDEN NAME Delitha Powell				14. NAME OF HUSBAND OR WIFE James Harvey Skinner					
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 Jasper Skinner Fayette, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 4 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) mental deterioration								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 June 1956 to Dec 19-1960 and last saw her live on 12-18-60 Death occurred at 9:30 Am. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE John C. Shaw M.D. (Degree or title)						22b. ADDRESS Fayette Mo.			22c. DATE SIGNED 12-22-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/21/1960		23c. NAME OF CEMETERY OR CREMATORY City Cemetery			23d. LOCATION (City, town, or county) (State) Fayette, Missouri						
24. GENERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo.				25. DATE RECD. BY LOCAL REG. 12-22-60		26. REGISTRAR'S SIGNATURE Katherine Welch							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 23 1960

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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

only _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ray A. Cass

Licensed Embalmer No. 3340

P. O. Address Gayette

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.