MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER 124 -

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE	4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)
SARAH SKINNER FERCHAUD	FEMALE	SKINNER	FEBRUARY 19, 2016

5. SOCIAL SECURITY NUMBER	6a. AGE – Last Birthday (Years)	6b. UNDER 1 YEAR MONTHS / DAYS	6c. UNDER 1 DAY HOURS / MINUTES	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (City and State or Foreign Country)
418-34-2891	90			JUNE 01, 1925	MOBILE, ALABAMA

9a. RESIDENCE (COUNTRY)	(STATE, TERRITORY or PROVINCE)	9b. COUNTY	9c. CITY, TOWN OR LOCATION
UNITED STATES	MISSOURI	SAINT LOUIS	CREVE COEUR

9d. STREET AND NUMBER	9e. APARTMENT NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS?
182 MEADOWLARK DRIVE		63146	☐ Yes ☒ No

10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS AT THE TIME OF DEATH	12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)
☐ Yes ☒ No	☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	

13. FATHER'S NAME (First, Middle, Last, Suffix)	14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)
JOSEPH SKINNER	MARGARET ROSE MC CAFFERTY

15a. INFORMANT'S NAME (First, Middle, Last, Suffix)	15b. RELATIONSHIP TO DECEDENT	15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)
SALLYE RANKIN	DAUGHTER	182 MEADOWLARK DRIVE, CREVE COEUR, MISSOURI 63146

16. PLACE OF DEATH (Check only one: see instructions.)

IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ Emergency Room/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice Facility ☒ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other (Specify)

17. FACILITY NAME (If not institution, give street and number)	18. CITY OR TOWN, STATE AND ZIP CODE	19. COUNTY OF DEATH
DELMAR GARDENS WEST	TOWN AND COUNTRY, MISSOURI 63017	SAINT LOUIS

20a. METHOD OF DISPOSITION	20b. DATE OF DISPOSITION (Month, Day, Year)	21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	22. LOCATION (City or Town, State)
☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removal from State ☐ Other (Specify)	03/03/2016	DIGNITY MEMORIAL CREMATORY	BELLEVILLE, ILLINOIS

23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH	25. FUNERAL ESTABLISHMENT LICENSE NUMBER
KRIEGSHAUSER WEST CHAPEL 9450 OLIVE BLVD, ST LOUIS COUNTY, MISSOURI 63132	▶ KARL E BEKE	2011007395

26. ACTUAL OR PRESUMED TIME OF DEATH	27. WAS MEDICAL EXAMINER/CORONER CONTACTED?
9:45 PM	☒ Yes ☐ No

CAUSE OF DEATH (See Instructions and examples in handbook)

28. **PART I.** Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. CARDIAC ARREST	Due to (or as a consequence of):	SECONDS
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST.**	b. COMPLICATIONS OF TRANSCUTANEOUS AORTIC VALVE REPLACEMENT	Due to (or as a consequence of):	
	c. AORTIC STENOSIS — CALCIFIC	Due to (or as a consequence of):	
	d.		

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

LEFT SIDED RETROPERITONEAL HEMATOMA

29. WAS AN AUTOPSY PERFORMED? ☑ Yes ☐ No

30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☑ Yes ☐ No

31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE	33. MANNER OF DEATH
☐ Yes ☑ No ☐ Probably ☐ Unknown	☑ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☑ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined

34. DATE OF INJURY (Month, Day, Year) (Spell Month)	35. TIME OF INJURY	36. PLACE OF INJURY (e.g. decedent's home, construction site; restaurant; wooded area)	37. INJURY AT WORK?
			☐ Yes ☐ No

38a. LOCATION OF INJURY – STATE	38b. COUNTY	38c. CITY OR TOWN	38d. STREET AND NUMBER	38e. ZIP CODE

39. DESCRIBE HOW INJURY OCCURRED	40. IF TRANSPORTATION ACCIDENT (SPECIFY)
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. CERTIFIER (CHECK ONLY ONE)

☑ Certifying Physician – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

☐ Medical Examiner/Coroner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

SIGNATURE ▶ [signature]

42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)	43. TITLE OF CERTIFIER
STEPHEN SCHUMAN MD 224 S. WOODS MILL #460, CHESTERFIELD, MO 63017	MD