

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23328**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **249**

1. PLACE OF DEATH a. COUNTY <b>Clarence A. Skinner</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence, Missouri</b>	
c. LENGTH OF STAY (In this place) <b>Two Months</b>		d. STREET ADDRESS (If rural, give location) <b>1910 Drumm</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence A.</b> b. (Middle) _____ c. (Last) <b>Skinner</b>	4. DATE OF DEATH (Month) <b>July</b> (Day) <b>11</b> (Year) <b>1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 17, 1880</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>23</b> IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Bishop, L.D.S. Church</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Iake City, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Moses B. Skinner</b>	13b. MOTHER'S MAIDEN NAME <b>Celestia Ann Reynolds</b>	14. NAME OF HUSBAND OR WIFE <b>Helen L. Skinner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Helen L. Skinner</b> ADDRESS <b>Independence, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Gall bladder</b>		<b>5 mo</b>
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary arteriosclerosis</b>		<b>Years</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5/15, 1951**, to **7/11, 1951**, that I last saw the deceased alive on **7/11, 1951**, and that death occurred at **9:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Vance E. Link, M.D.</b> (Degree or title)	23b. ADDRESS <b>Independence, Mo</b>	23c. DATE SIGNED <b>7/11/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wood Grove</b>	24d. LOCATION (City, town, or county) <b>Jackson, Missouri</b> (State) _____
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DATE REC'D BY LOCAL REG. <b>July 13-1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks</b> ADDRESS <b>Independence, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

185  
0

0485

155X

DEC 3 1951

JUL 25 1950

DEC 28 1951

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

working under my personal supervision.

Student Embalmer No.....

Signed

*Roland Rogers*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3604

P. O. Address Independence, Mo

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 this body is not embalmed, fact should be so stated above.