

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24201

State File No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 628 PRIMARY REG. DIST. NO. 2000 Registrar's No. 717

396
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WRITE PLAINLY—USING UNFADING INK—INSURE A PERMANENT RECORD

623 West Walnut

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>1706 West Water Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORAL</u>		b. (Middle) <u>RAYMOND</u>	
		c. (Last) <u>SKINNER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec: 1, 1905</u>
9. AGE (In years last birthday) <u>46</u>	# UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	# UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Body & Fender Tech</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Repair</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bolivar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Skinner</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Campbell</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Nora Skinner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ressie Lemon Independence, Mo</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tension pneumothorax left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Fractured Ribs Multiple Left</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>E8164 26</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>(Near Buffalo) Dallas, Missouri</u>			
21d. TIME OF INJURY <u>July 24, 1952 11:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Two Car collision</u>			
22. I hereby certify that I attended the deceased from <u>July 25, 1952, to July 29, 1952</u> , that I last saw the deceased alive on <u>July 28, 1952</u> , and that death occurred at <u>1:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas S. Ashley M. D.</u>		23b. ADDRESS <u>Springfield, Missouri</u>	
23c. DATE SIGNED <u>7/29/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/2/1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cem.,</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-30-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>AYRE-GOODWIN FUN'L SERVICE, Spgfld., MO.,</u>		ADDRESS <u></u>	

(Intended for Embalmer's Statement on Reverse Side)

WAR 1 1 1918

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REC 1918

STATEMENT BY LICENSED EMBALMER

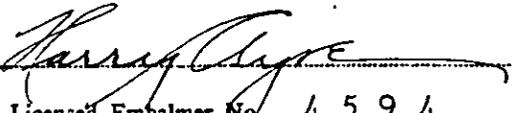
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4594

P. O. Address Springfield, 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.