S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10547

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MACON
c. LENGTH OF STAY (in this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MACON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0610
d. STREET ADDRESS (If rural, give location): R#4 8

3. NAME OF DECEASED (Type or Print)
a. (First): IVA
b. (Middle): ERNEST
c. (Last): SKINNER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 2, 1953

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0

8. DATE OF BIRTH: MARCH 18, 1883

9. AGE (In years last birthday): 69
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (City and State or Foreign Country): MACON Co. Mo 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN T. SKINNER

13b. MOTHER'S MAIDEN NAME: SARAH J. MORRIS

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: RAYMOND SKINNER
ADDRESS: MACON, MO.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 MO

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — unknown
DUE TO (c) Hypertensive arterial — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Asthma Bronchial — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☒

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):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-6, 19 48 *to* 3-2, 19 53, *that I last saw the deceased alive on* 3-2, 19 53 *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) MD

23b. ADDRESS: Macon Mo

23c. DATE SIGNED: 3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 3-4-53.

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): MACON, Mo.

DATE REC'D BY LOCAL REG.: 3/5/53

REGISTRAR'S SIGNATURE: Ruth McCreely 185-0

25. FUNERAL DIRECTOR'S SIGNATURE: SKINNER'S Home for Funerals
ADDRESS: MACON, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-16-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 3-83-59
Date Filed 3-19-53

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 Warren D Noblett

Licensed Embalmer No. 4005

P. O. Address Macon 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.