

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31190**

FILED OCT 14 1953

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5178 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Comden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper Township</u>		c. CITY OR TOWN <u>Lawsom</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0.890 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>25 Miles S. Versailles, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Loyd</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Skinner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 1953</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>Jan. 14, 1898</u>	9. AGE (In years last birthday) <u>55</u> if UNDER 1 YEAR Days <u>8</u> if UNDER 10 Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Armed Service</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U. A. Hospital</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ben. Skinner</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby 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</u> <u>W. W. I</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Skinner</u>	ADDRESS <u>Lawsom, Missouri</u>
--	-----------------------------------	---	---------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>		
	DUE TO <u>Cardiac Occlusion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420P</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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 Oct 4, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mrs. Abbie Woolsey Comden Co. Coroner</u>	23b. ADDRESS <u>Comden, Missouri</u>	23c. DATE SIGNED <u>Oct 4-53</u>
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5 Oct. 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawsom Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawsom, Missouri</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Oct. 5-1953</u>	REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. K. Smith</u>	ADDRESS <u>Versailles, Mo.</u>
---	--	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 27 1953

OCT 27 1953

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.....
Signature of Student Embalmer

Signed.....
Raymond C. Foster

Licensed Embalmer No. 46

P. O. Address *Verona*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply 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.