

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1953

BIRTH NO. 57956 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 201

0972

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.	
c. LENGTH OF STAY (In this place) 3 Mo.		d. STREET ADDRESS (If rural, give location) 564 W. North	
d. FULL NAME OF HOSPITAL OR INSTITUTION 564 W. North			

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3. NAME OF DECEASED (Type or Print) CAROL		a. (First) LESLIE	b. (Middle)	c. (Last) SKINNER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1953	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 2, 1953	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Marshall, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hall Skinner		13b. MOTHER'S MAIDEN NAME Venda Lucile Ford		14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.H. Skinner Marshall, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		DUE TO (b)		1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X		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)		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 Sept, 1953, to Oct, 1953, that I last saw the deceased alive on Oct 16, 1953, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard D. Twilley M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 10-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-53		24c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Gardens	
				24d. LOCATION (City, town, or county) (State) Marshall, Mo.	

DATE REC'D BY LOCAL REG. Oct. 24-1953		REGISTRAR'S SIGNATURE Sidney T Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Hershberger Marshall, Mo	
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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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.