

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4597**

FILED MAR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. LENGTH OF STAY (in this place) <b>75 yr</b>		c. CITY - OR TOWN <b>Bethany</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>				e. STREET ADDRESS (If rural, give location) <b>Central St 04110</b>				
3. NAME OF DECEASED (Type or Print) <b>Edgar</b>			a. (First)		b. (Middle)		c. (Last) <b>Skinner</b>	
4. DATE OF DEATH <b>3-10-55</b>		(Month) (Day) (Year)		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>3-21-1869</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR: Months <b>11</b> Days <b>19</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lawyer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Emporia Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>W. D. Skinner</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Simpson</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Dodd Skinner</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nellie Dodd Skinner</b> ADDRESS <b>Bethany</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of pyloric end of stomach</b> INTERVAL BETWEEN ONSET AND DEATH <b>one year</b>  ANTECEDENT CAUSES DUE TO (b) _____ 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 <b>151X</b>				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 <b>Sept. 10, 1954</b> , to <b>Mar. 10, 1955</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11: A. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Nellie Dodd Skinner</b> (Degree or title)				23b. ADDRESS <b>Bethany, Missouri</b>		23c. DATE SIGNED <b>3-11-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-10-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Minam</b>		24d. LOCATION (City, town, or county) (State) <b>Bethany Mo</b>		
DATE REC'D BY LOCAL REG. <b>3/12/55</b>		REGISTRAR'S SIGNATURE <b>Zola Burris</b> <b>116</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. J. A. ...</b> ADDRESS <b>Bethany, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 30 1959

NOV 22 1958

MAR 2 1959

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..... *M. Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, T*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.