

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32833

State File No.

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 4471 Registrar's No. 42

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) Gilliam		c. LENGTH OF STAY (in this place) 84 YRS	c. CITY OR TOWN Gilliam		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			STREET ADDRESS (If rural, give location) 0910		
3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) EDWIN c. (Last) SKINNER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 17, 1865	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0 Days 22
IF UNDER 24 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Fayette, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James Skinner	13b. MOTHER'S MAIDEN NAME Mary Downey	14. NAME OF HUSBAND OR WIFE Annie Lee Skinner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXX		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gill Bossaller, Gilliam, 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) Acute Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyper-tension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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 8, 1956 , to Sept 9, 1956 , that I last saw the deceased alive on Sept 8, 1956 , and that death occurred at 0910 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert C. Skinner			23b. ADDRESS Harshel Mo		23c. DATE SIGNED 9/11/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/11/1956	24c. NAME OF CEMETERY OR CREMATORY Gilliam	24d. LOCATION (City, town, or county) (State) Gilliam, Mo.		
DATE REC'D BY LOCAL REG. 9/12/56	REGISTRAR'S SIGNATURE Mr. Carl Metz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter J. Haines, Jr. State, Mo.		

(Licensed Embalmers' Statement on Reverse Side)

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

292-0

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 *Walter J. Haines, Jr.*

Licensed Embalmer No. *4557*

P. O. Address *Shelton, 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.