

No. 300  
10.48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7074

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY <u>Saline</u> <u>Marshall Township</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>3 dys.</u>		d. STREET ADDRESS (If rural, give location) <u>351 S. Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline Co. Farm</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Skinner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. - 22 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Sept. 2, 1871</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>		IF UNDER 1 HR. Hours <u>---</u> Min. <u>---</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas T. Skinner</u>		13b. MOTHER'S MAIDEN NAME <u>Malvina Carter</u>		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)		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Calvin F. Skinner</u>	
				ADDRESS <u>Nelson, Mo.</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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>arteriosclerosis</u>		
		DUE TO (c) -----	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>Feb 22 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>15.00</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		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 Feb 19, 1949 to Feb 22, 1949 that I last saw the deceased alive on Feb 21, 1949, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>D.</u>		23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>2/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nelson, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Feb 23 1949</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		385		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry E. Hershberger</u>		ADDRESS <u>Marshall, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

9100

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-4-49

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.