

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **29329**

No. 500
TO 48

FILED AUG 31 1951

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Worth</u> <u>1130</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo Rural 1130</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Missouri</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home northwest 8 mile Northwest of F.H.C. 8 mile</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Missouri</u> d. STREET ADDRESS (If rural, give location) <u>Northwest of F.H.C. 8 mile</u>									
3. NAME OF DECEASED (Type or Print) <u>Lawrence (none) Skidmore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 1951</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 7-1875</u>		9. AGE (In years last birthday) <u>76</u> <u>7</u> <u>12</u> <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>				11. BIRTHPLACE (State or foreign country) <u>Gilford O Missouri W. S.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joe Skidmore</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ann Skidmore</u>				14. NAME OF HUSBAND OR WIFE <u>Ula Skidmore</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Joe Skidmore</u>				ADDRESS <u>Maryville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Guns hit wound, forehead</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>E 976 X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>	
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) <u>HOMICIDE</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				21c. (CITY, TOWN, OR TOWNSHIP) UNION (COUNTY) (STATE) <u>ELSTON Twp. Worth Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>AUG 18 1951 6pm</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>22 rifle - suicide</u>					
22. I hereby certify that I attended the deceased from _____, 1948, to Aug 18, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 6pm., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Frank B. Harrison M.D.</u>						23b. ADDRESS <u>Grant City, Mo</u>				23c. DATE SIGNED <u>8/21/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Aug 21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gilford Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Gilford Mo</u>			
DATE REC'D BY LOCAL REG. <u>Aug 24/1951</u>				REGISTRAR'S SIGNATURE <u>Rita E. Dawson</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>				ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

John Andrews
working under my personal supervision

Student Embalmer No. _____

Student _____

Student Embalmer

Signed *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.