

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19560**

MAILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **711**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Washington Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Washington Twp	
c. LENGTH OF STAY (in this place) 11 yrs.		d. STREET ADDRESS (If rural, give location) 38th & Locust Streets	
d. FULL NAME OF HOSPITAL OR INSTITUTION 38th & Locust Streets		d. STREET ADDRESS 38th & Locust Streets	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Robert	c. (Last) Skinner	4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 5, 1856	9. AGE (In years last birthday) 95 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) West Lebanon, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Skinner	13b. MOTHER'S MAIDEN NAME Elizabeth Butts	14. NAME OF HUSBAND OR WIFE Anna Mae Elizabeth Skinner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you give, give date of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lily Back	ADDRESS St. Joseph, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema of the left leg		1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) (Senility)		10 years
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4501
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that ^{*viewed*} ~~attended~~ the deceased ~~from~~ **7/2**, 19**52**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 7/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton, Missouri.
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DATE REC'D BY LOCAL REG. July 8, 1952	REGISTRAR'S SIGNATURE Carl C. Casty	25. FUNERAL DIRECTOR'S SIGNATURE Walter Henschke	ADDRESS St. Joseph, Mo.
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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 _____ *****

working under my personal supervision.

Student Embalmer No. *** ****

Signed

Robert C. Harrington

Signed..... ****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.