

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43090**

FILED JAN 6 - 1953

BIRTH-NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **6960** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL <i>Sum</i>		c. CITY (If outside corporate limits, write RURAL and give township) RURAL <i>Sum</i>	
c. LENGTH OF STAY (In this place) Sum		d. STREET ADDRESS (If rural, give location) NEAR CAMDEN POINT	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR CAMDEN POINT		d. STREET ADDRESS (If rural, give location) NEAR CAMDEN POINT	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER		b. (Middle) _____	
c. (Last) SKINNER		4. DATE OF DEATH (Month) (Day) (Year) DEC. 27, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2-22-1894
9. AGE (In years last birthday) 58		# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and State or Foreign Country) PLATTE CO. MO.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME W. P. SKINNER		13b. MOTHER'S MAIDEN NAME CASSIE FARRA	
14. NAME OF HUSBAND OR WIFE MARY CAMPBELL		<i>deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME CLAUD SKINNER		ADDRESS DEARBORN, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia (Right)		3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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) (Min.)		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 11-8 , 19 49 , to 12-27 , 19 52 , that I last saw the deceased alive on 12-20 , 19 52 and that death occurred at 9:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE H. J. ...		23b. ADDRESS Dearborn Mo	
23c. DATE SIGNED 12-28-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-28-52	
24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEM		24d. LOCATION (City, town, or county) (State) PLATTE CO. MO.	
DATE RECD BY LOCAL REG. Dec. 30 - 52		REGISTRAR'S SIGNATURE Alpha Rollins	
25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN-AUFERANCE		ADDRESS DEARBORN, MA.	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.