

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28405

State File No.

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5500 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Rural - Union</u>	c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY OR TOWN <u>Ridgeway Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0410</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leo</u>	b. (Middle) <u>Albertes</u>	c. (Last) <u>Skinner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18, 1953</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>Feb. 6, 1908</u>	9. AGE (In years last birthday) (Specify) <u>45</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	11. BIRTHPLACE (State or foreign country) <u>Missouri - Harrison Co.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------	-------------------------------	---	--------------------------------------	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri - Harrison Co.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Samuel B. Skinner</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Mathis Skinner</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucille Honn Skinner</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Skinner</u>	ADDRESS <u>Ridgeway 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Skull Fractures</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.			

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>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69 - 2000 ft.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Township Harrison Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>8-18-53 11:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph Marshall D.C. Coroner of Harrison County</u>	23b. ADDRESS <u>Bethany, Mo. 1608 Main St</u>	23c. DATE SIGNED <u>8-19-53</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>C.R.M. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville MO</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-22-1953</u>	REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Bowers</u>	ADDRESS <u>Ridgeway Mo</u>
---	---	--	----------------------------

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

Robert R. Boggers.

Licensed Embalmer No.

3576.

P. O. Address

Ridgeway

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.