FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19163

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2461

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dead on Arrival St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3748
d. STREET ADDRESS (If rural, give location): 74 5328 Charlotte Street

3. NAME OF DECEASED (Type or Print): a. (First) Stanley b. (Middle) Irvin c. (Last) Skinner

4. DATE OF DEATH (Month) May (Day) 30 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH Sept. 19 - 1889

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant-Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Bell Telephone Co

11. BIRTHPLACE (State or foreign country): Baldwin, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William H. Skinner

13b. MOTHER'S MAIDEN NAME: Tarra Price

14. NAME OF ~~HUSBAND~~ OR WIFE: Meera Jane Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 486-03-7911

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Meera Jane Skinner 5328 Charlotte St. K.C. Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

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.

420.1

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES [X] NO [ ]

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) m. — **21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3-54, *19*____, *to* 5-30-54, *19*____, *that I last saw the deceased alive on* 5-23-54 *19*____, *and that death occurred at* 1:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Mark Dodge (Degree or title) M D — **23b. ADDRESS** 4635 Wyandotte — **23c. DATE SIGNED** 5-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June-1-1954 — **24c. NAME OF CEMETERY OR ~~CREMATORY~~**: Mt Moriah Cemetery — **24d. LOCATION** (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 6-1-54 — **REGISTRAR'S SIGNATURE**: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Son's — **ADDRESS**: 1331 Brush Creek Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John B Lewis

Licensed Embalmer No. 4875

P. O. Address K C MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.