S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

577 / State File No. 24025

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bolivar
c. LENGTH OF STAY (in this place) 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6 Mi. S. W. of Bolivar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bolivar
d. STREET ADDRESS (If rural, give location) 6 Mi. S. W. of Bolivar

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3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Jack c. (Last) Skinner

4. DATE OF DEATH (Month) (Day) (Year) July 2 1954

5. SEX M
6. COLOR OR RACE wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 17 1860
9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months 9 Days 15 | IF 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 Farming
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Skinner
13b. MOTHER'S MAIDEN NAME Barbara Dryer Mathes
14. NAME OF HUSBAND OR WIFE Tennessee Jane Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Manes ADDRESS Bolivar 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) Inanition & debilitation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gradual ebbing of Vital Functions
DUE TO (c) Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4500
20. AUTOPSY? YES ☐ 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* 1946 *19*__, *to* July 2, 1954, *that I last saw the deceased alive on* July 2, 1954, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. L. Cumbrian D.D.X.
23b. ADDRESS Bolivar Mo.
23c. DATE SIGNED 7-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 7/54
24c. NAME OF CEMETERY OR CREMATORY Payne Cemetery
24d. LOCATION (City, town, or county) Near Polk (State) Mo

DATE REC'D BY LOCAL REG. July 20, 1954
REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon 25/7-0
25. FUNERAL DIRECTOR'S SIGNATURE Erwin & Blue ADDRESS Bolivar 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 .....

Licensed Embalmer No. 4154

P. O. Address .....

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.