

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41021**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **515**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>3 weeks</b>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Inclip Sanitarium &amp; Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>228 W. South Side Blvd.</b>	

3. NAME OF DECEASED (Type or Print) <b>Charles SKINNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 17 1955</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 4, 1889</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Jewelry Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>Edward A. Skinner</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Newton</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Skinner</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes records lost</b>	16. SOCIAL SECURITY NO. <b>490-16-6138</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Skinner</b>	ADDRESS <b>Independ. Mo.</b>
---	--	---	------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal Carcinomatosis, metastatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Transitional cell carcinoma left renal pelvis.</b>		
	DUE TO (c) <b>Chronic pyelitis and calculus, left</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>180X</b>			

19a. DATE OF OPERATION <b>July 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Transitional cell carcinoma, &amp; chronic pyelitis &amp; stone left</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **July**, 19**55**, to **Dec. 17**, 19**55**, that I last saw the deceased alive on **Dec. 16**, 19**55**, and that death occurred at **12:59 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John Richard Green M.D.</b>	23b. ADDRESS <b>129 W. Lexington Ave. Independence</b>	23c. DATE SIGNED <b>12-18-55</b>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremial</b>	24b. DATE <b>Dec 20 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>12-20-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>[Address]</b>
--	--	---	--------------------------

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

MAR 16 1956

---

---

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.....  
Signature of Student Embalmer

Signed *R. Kenneth Patterson*.....

Licensed Embalmer No. *469*.....

P. O. Address *Indy. Ind.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.