

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

State File No. **10192**

BIRTH NO.		REG. DIST. NO. <b>290</b>	PRIMARY REG. DIST. NO. <b>5983</b>	Registrar's No. <b>39</b>
1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ohio</b> b. COUNTY <b>Huron</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>CALLEN TWP</b> TOWN <b>Waynesville, Mo.</b>		c. LENGTH OF STAY (in this place) <b>x</b>	c. CITY OR TOWN <b>Norwalk.</b> d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Hwy "66" 4 miles N. Way.</b>		e. STREET ADDRESS (If rural, give location) <b>94 W. Washington Ave. 63408</b>		
3. NAME OF DECEASED a. (First) <b>Yvonne</b> (Type or Print)		b. (Middle) <b>Mae</b>	c. (Last) <b>Skinner.</b>	4. DATE OF DEATH (Month) <b>3</b> (Day) <b>31</b> (Year) <b>56</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del> <b>Never married</b>	8. DATE OF BIRTH <b>Sept. 9, 1936</b>	9. AGE (In years last birthday) <b>19</b> 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) <b>Waitress.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Norwalk, Ohio.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Ralph Skinner.</b>	13b. MOTHER'S MAIDEN NAME <b>Jennette Washburn</b>	14. NAME OF HUSBAND OR WIFE <b>None.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Unknown.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Skinner.</b> ADDRESS <b>Norwalk Ohio.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull.</b> Laceration of brain DUE TO (b) <b>internal injuries</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
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) <b>Accident.</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy 17</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Waynesville, Mo.</b> (COUNTY) <b>R. Pulaski</b> (STATE) <b>Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 31/56 5:45 P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>Auto Accident.</b>	
22. I hereby certify that I attended the deceased from <b>on 3/31/1956</b> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:45 P</b> , from the causes and on the date stated above.				
23. SIGNATURE (Degree or title) <b>W. Hedges</b> County Coroner.		23b. ADDRESS <b>Richland, Missouri</b>		23c. DATE SIGNED <b>4/2/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/2/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Norwalk, Ohio.</b>	
DATE REC'D BY LOCAL REG. <b>4-2-56</b>	REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b>		25. FUNERAL HOME'S SIGNATURE <b>Hedges Funeral Home</b> ADDRESS <b>Richland Mo</b> <b>Waynesville.</b>	

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

Date Filed 4-7-56  
File Number \_\_\_\_\_  
Health Officer \_\_\_\_\_  
RECEIVED 4-2-56

APR 17 1956

APR 18 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 Clarence Jones

Licensed Embalmer No. 48

P. O. Address Waynes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.