

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23528

FILED JUL 26 1956

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5542 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Howard Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone Township</u>		c. CITY OR TOWN <u>Rural 24th</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>no</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		e. STREET ADDRESS (If rural, give location) <u>Higher mo RFD-2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OSCAR</u>	b. (Middle) <u>LAYTON</u>	c. (Last) <u>SKINNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July-12-1956</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 24-1903</u>	9. AGE (In years last birthday) <u>53</u> - <u>4</u> <u>18</u>	IF UNDER 1 YEAR Days _____ IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Railroader</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>W SA - Missouri</u>	
13a. FATHER'S NAME <u>John Skinner</u>			13b. MOTHER'S MAIDEN NAME <u>Sulcia Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Skinner</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>710-12-5025</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Skinner</u> ADDRESS <u>Higher 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis and myocardial infarction</u>		<u>24 hrs</u>
	DUE TO (c) <u>Arteriosclerosis</u>		<u>unknown</u>
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 2-24, 1956, to 7-12, 1956, that I last saw the deceased alive on 7-12, 1956, and that death occurred at 4:45 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Per G. Brobinson</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Higher Mo.</u>	23c. DATE SIGNED <u>7-13-56</u>
--	-------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higher City Cent</u>	24d. LOCATION (City, town, or county) (State) <u>North of Higher mo</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7-14-56</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Roberson</u> ADDRESS <u>Higher mo</u>
---	--	--

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

436

AUG 10 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 *H. S. Robinson*.....

Licensed Embalmer No. *300*.....

P. O. Address *Higbee*.....

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.