

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24700

State File No. ....

FILED JUL 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>195</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>3 Mos.</u>		c. CITY OR TOWN <u>Madison</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick</u>				e. STREET ADDRESS (If rural, give location) <u>0690</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold Quinton</u>			b. (Middle) <u>Skinner</u>			c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) <u>7 10 56</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>1-26-1915</u>		9. AGE (In years last birthday) <u>41</u>		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) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Manual labor</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Duncan's Bridge, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Chas Newton Skinner</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Curren</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Skinner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>499-09-1754</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred Turpin Madison, 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, asthma, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia 3 hours</u>								
ANTECEDENT CAUSES DUE TO (b) <u>Circulatory failure 18 hours</u>								
DUE TO (c) <u>3rd degree burns unhealed, extensive</u> <u>3 Mo.</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9/69</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fall</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Madison Monroe MO</u>				
21d. TIME OF INJURY <u>4 10 56 2:40 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Autofall touch</u>				
22. I hereby certify that I attended the deceased from <u>4-10</u> , 19 <u>56</u> , to <u>7-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-10-56</u> , and that death occurred at <u>2:25 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. H. McCormick D.O.</u>				23b. ADDRESS <u>300 1/2 Reed St. Moberly Mo</u>		23c. DATE SIGNED <u>7-10-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/12/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-12-56</u>		REGISTRAR'S SIGNATURE <u>Richard L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred A. Thompson Madison, Mo.</u>				

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

JUL 25 1956

JUG 8 1956

JUL 24 1956

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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 *Mrs. Fred A. Young*

Licensed Embalmer No. *328*

P. O. Address *Mudon*

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.