

**MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-027484**

FILED VS AUG 15 1960

Registration District No. 171 Primary Registration District No. 3035 Registrar's No. #48 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE COUNTY <b>Missouri Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		Length of stay in 1b <b>26 days</b>	c. CITY OR TOWN <b>Dover</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lexington Memorial Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Hy. 24 1 block south</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>EARL T. SKINNER</b>			4. DATE OF DEATH Month Day Year <b>June 11 1960</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. BIRTHDATE <b>February 14, 1894</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker &amp; Serv. Sta.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Sales</b>	11. BIRTHPLACE (City and state or country) <b>New Frankfort, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>James Allen Skinner</b>	13b. MOTHER'S MAIDEN NAME <b>Dora Pennington</b>	14. NAME OF HUSBAND OR WIFE <b>Lula Adams Skinner</b>
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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>none</b>	17. INFORMANT Address <b>Mrs. Lula Skinner Dover, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary thrombosis</b> <b>(*) Myocardial infarct of coronary thrombosis</b> <b>(3) Chronic glomerulonephritis</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>See Index 1959</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1959</u> to <u>June 11 1960</u> and last saw her alive on <u>6-11-60</u> Death occurred at <u>10:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Ben H Brasher M.D.</b>	22b. ADDRESS <b>Lexington, Mo.</b>	22c. DATE SIGNED <b>6/13/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/14/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dover Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Dover Mo.</b>
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24. FUNERAL DIRECTOR <b>Harold L. Walker</b>	ADDRESS <b>Lexington, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>8-1-60</b>	26. REGISTRAR'S SIGNATURE <b>Minna E Eschler</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Harold P. W. Baker

Licensed Embalmer No. 4588

P. O. Address Lexington, Va

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.