S. No. 300
. 10-48

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

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41718

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757 Registrar's No. 40

63 0 0

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries 63
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2 Miles N. Safe, Missouri. 0
d. STREET ADDRESS (If rural, give location): Rural Safe Missouri. 6

3. NAME OF DECEASED (Type or Print): a. (First) Dora b. (Middle) F. c. (Last) Scantlin
4. DATE OF DEATH (Month) (Day) (Year): September 21, 49
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1909
9. AGE (In years last birthday): 40 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Desloge, Missouri 0
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Thomas Slinkard
13b. MOTHER'S MAIDEN NAME: Della Gentery
14. NAME OF HUSBAND OR WIFE: William Scantlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: William Scantlin, ADDRESS: Safe, Missouri.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 Months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis — 2 Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 592X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/6, 1948, *to* 9/21/49, *that I last saw the deceased alive on* 9/21, 1949, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. H. Schoenhals M.D.
23b. ADDRESS: Belle, Mo.
23c. DATE SIGNED: 9/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18, 1949
24c. NAME OF CEMETERY OR CREMATORY: Bowen Cemetery
24d. LOCATION (City, town, or county) (State): Gasconade County, Mo.

DATE REC'D BY LOCAL REG.: 12-20-49
REGISTRAR'S SIGNATURE: Pauline Howard
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Oral E. Licklider, St. James, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 28 1949
District Health Officer No. 9
District File Number

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 ..... me ....., Student Embalmer No. .....,
working under my personal supervision.

Signed Carl J. Glenn

Signed .....
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address St James, Mo.

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 this body is not embalmed, fact should be so stated above.