

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16115**
Registrar's No. **477**

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Grove, Mo. Rt 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) Fair Grove, Rt. 2	

3. NAME OF DECEASED (Type or Print) Benjamin Franklin Scott			4. DATE OF DEATH (Month) (Day) (Year) 5 12 52		
a. (First)	b. (Middle)		c. (Last)		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-21-1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 20	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Calloway Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Jefferson Scott	13b. MOTHER'S MAIDEN NAME Sarah Fairco	14. NAME OF HUSBAND OR WIFE Della Scott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No.	17. INFORMANT'S SIGNATURE OR NAME DELLA SCOTT	ADDRESS Rt 2, Fair Grove, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis + myocardial degeneration.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 4-22-52	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 8**, 19**52**, to **May 12**, 19**52**, that I last saw the deceased alive on **May 11**, 19**52**, and that death occurred at **4:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wayne Honnerman (Degree or title) D.O.	23b. ADDRESS Fair Grove, Mo.	23c. DATE SIGNED May 12, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-14-52	24c. NAME OF CEMETERY OR CREMATORY BELLVIEW CEME.	24d. LOCATION (City, town, or county) (State) GREENE Co. MO.
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DATE REC'D BY LOCAL REG. 5-12-52	REGISTRAR'S SIGNATURE James R. Amos M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Clingner & Co.	ADDRESS Spfld. Mo.
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(Licensed Embellisher's Statement on Reverse Side)

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

1396
0

10/1/1918

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Max Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.