. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20199

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5459 Registrar's No. 589

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Center
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ mi West of MM. Junct + Hwy 66

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE 0 70
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): RURAL CENTER 0
d. STREET ADDRESS (If rural, give location): SPRINGFIELD, RT. 4

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): C.
c. (Last): HONEYCUTT

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 6, 1891
9. AGE (In years last birthday): 61 — If under 1 year: Months 10, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Near Bois D'Arc, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: B. T. Milton
13b. MOTHER'S MAIDEN NAME: Mary C. Dillinger
14. NAME OF HUSBAND OR WIFE: Sam C. Honeycutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or place of service)
16. SOCIAL SECURITY NO.: ********
17. INFORMANT'S SIGNATURE OR NAME: Iva Batson — **ADDRESS**: Republic, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) undetermined — INTERVAL BETWEEN ONSET AND DEATH: undet.
Remarks: The patient was
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) studied extensively in the office and hospital
DUE TO (c) for almost a year prior to death without evidence
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. of organic disease having ever been discovered.

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?: 7955

22. *I hereby certify that I attended the deceased from* 8/9/51, 19___, *to* 6/15/52, 19___, *that I last saw the deceased alive on* 6/5/52, 19___, *and that death occurred at* 7:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn O. Turner, M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: 6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/17/52
24c. NAME OF CEMETERY OR CREMATORY: White Mem. Gardens
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 6-17-52
REGISTRAR'S SIGNATURE: Ezell Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: Max L. Fowler
ADDRESS: Republic, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed John A. McNabb

Licensed Embalmer No. 4636

P. O. Address Republic, 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.