

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2034

State File No. ....

FILED FEB 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757 Registrar's No. 8

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Maries Co.</u>    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> |  |
| b. CITY OR TOWN <u>Rural (Johnson Twp)</u>          |  | c. CITY OR TOWN <u>Rural (Johnson Twp)</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |

|                                     |                        |                             |                           |  |
|-------------------------------------|------------------------|-----------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>Benjamin</u> | c. (Last) <u>Scantlin</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1954</u> |
|-------------------------------------|------------------------|-----------------------------|---------------------------|--|

|                 |                           |   |                                     |   |   |   |
|-----------------|---------------------------|---|-------------------------------------|---|---|---|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>June 6 1879</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|-------------------------------------|---|---|---|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Red Bird, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|--|---|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>William Scantlin</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Arminda Scantlin</u> |
|--|--|---|

|  |  |   |         |
|--|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | 16. SOCIAL SECURITY NO. <u>489-22-3346</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>William Scantlin, St. Louis, Mo.</u> | ADDRESS |
|--|--|---|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 weeks</u><br><u>1 week</u><br><u>4 years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Influenza</u><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic myocardiitis myocardial degeneration</u>  |  |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>480X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from January 14/1954, to January 30/1954, that I last saw the deceased alive on January 14/1954 and that death occurred at 3:00 A.M., from the causes and on the date stated above.

|  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>C.V. Hammler, M.D.</u> | 23b. ADDRESS <u>St. James, Mo.</u> | 23c. DATE SIGNED <u>1-30-54</u> |
|--|------------------------------------|---------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 1-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bowen Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Gasonade Co, Missouri</u> |
|---|---------------------------|--|--|

|  |   |       |  |         |
|--|---|-------|--|---------|
| DATE REC'D BY LOCAL REG. <u>2-2-54</u> | REGISTRAR'S SIGNATURE <u>Pauline Howard</u> | 188-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Jesse Gohr - St. James, Mo.</u> | ADDRESS |
|--|---|-------|--|---------|

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.....

*C. Jesse Gahr*

Signed.....

Student Embalmer

Licensed Embalmer No. 4486

P. O. Address. St. James, Missouri

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.