

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036101  
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1065

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>2317 N. Johnston</b>	
3. NAME OF DECEASED (Type or print) First <b>GLENN</b> Middle <b>HOYT</b> Last <b>SCOVILLE</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>4,</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 29, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Veterinary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Veterinary</b>	11. BIRTHPLACE (City and state or country) <b>Clarksville, Michigan</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>LeRoy Scoville</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Hogle</b>		14. NAME OF HUSBAND OR WIFE <b>Mary E. Scoville</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>493-36-9125</b>		16. SOCIAL SECURITY NO. <b>493-36-9125</b>	
17. INFORMANT <b>Mary E. Scoville</b>		Address <b>Spqfld. Mo.</b>	
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>pneumonia, left lower lobe</b>			INTERVAL BETWEEN ONSET AND DEATH <b>approx. 1 week.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>myocarditis and generalized arteriosclerosis</b>			<b>at least 1 year.</b>
DUE TO (c) <b>4221F</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture rt. hip, healing</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Fell in his home June 24, 1958.</b>	
20c. TIME OF INJURY Hour - o.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, bldg., factory, street, office bldg., etc.) <b>in home</b>		20f. CITY, TOWN, OR LOCATION <b>Spqfld</b> COUNTY <b>Greene</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>6/24/58</b> to <b>11/3/58</b> and last saw <sup>her</sup> him alive on <b>Nov 3, 1958</b> Death occurred at <b>4:53 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Norris E. Kealk, M.D.</b> (Degree or title)		22b. ADDRESS <b>630 N. Jefferson Springfield, Mo.</b>	
22c. DATE SIGNED <b>Nov. 4, '58</b>			
23a. BURIAL, CREMATION, REMOVAL (State type) <b>Removed to Burial</b>		23b. DATE <b>11-4-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Clarksville, Michigan</b>		23d. LOCATION (City, town, or county) (State) <b>Clarksville, Michigan</b>	
24. FUNERAL DIRECTOR <b>J. W. Lingue No</b> ADDRESS <b>Spqfld, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-5-58</b>	
		26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

NOV 21 1956

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 *Mal Rhode*

Licensed Embalmer No. 407

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.