

Health, Welfare
Public
Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no stated causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 11 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

4077

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>POLK</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brighton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OSARK HOSPITAL D.O.A.</u>			Length of stay in lb <u>D.O.A.</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. # 1</u>
3. NAME OF DECEASED (Type or print) First <u>(Mr.) Pearl</u> Middle <u>Scroggins</u> Last <u>Scroggins</u>			4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 21, 1894</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Frisco.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Wesley Scroggins</u>			14. MOTHER'S MAIDEN NAME <u>Dora Eulis</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>		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT Address <u>Mrs. Ruth Scroggins, Rt. # 1, Brighton, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sepsis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Chronic purulent bronchitis of Unknown cause</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> <u>36 hrs.</u> <u>Unknown</u>
20a. ACCIDENT <input 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.) <u>5021</u>			
20c. TIME OF INJURY Hour <u>5</u> Month <u>2</u> Day <u>2</u> Year <u>1957</u> a. m. <u>00</u> p. m. <u>00</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>5021</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>Feb. 8, 1954</u> to <u>March 2, 1957</u> and last saw <u>him</u> alive on <u>Mar. 2, 1957</u> Death occurred at <u>12:05 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Harry R. Ogner</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Pleasant Hope Missouri</u>		22c. DATE SIGNED <u>Mar. 8, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-7-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brighton Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Brighton, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>J.W. Klingner & Co.</u> ADDRESS <u>Spfld. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1957

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.....

Mac Rhodes

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.