

35965

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300

10.48

REC'D NOV 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar RR#5</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RR#5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>MAY</u> c. (Last) <u>PRINGLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 21 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 27 1883</u>	9. AGE (in years last birthday) <u>69</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>POLK Co. Mo.</u>		

13a. FATHER'S NAME <u>JAMES FRANKLIN SCAGGINS</u>		13b. MOTHER'S MAIDEN NAME <u>ANETTE HATLER</u>		14. NAME OF HUSBAND OR WIFE <u>BILL PRINGLE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BILL PRINGLE BOLIVA RR5</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Diabetes</u>  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.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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 1949, 19\_\_\_\_, to 1952, 19\_\_\_\_, that I last saw the deceased alive on Oct 25, 1952 and that death occurred at 12:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.D. Smith - MD</u>		23b. ADDRESS <u>Bolivar Mo</u>		23c. DATE SIGNED <u>Oct 25 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>OCT 24 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SLAGLE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>POLK Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph G. Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>258 - C Bolivar - Daniel Walnut Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 31 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph G. Gardner</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Loyle L. Samuel*

Licensed Embalmer No. 4702

P. O. Address

*Pop Grove - N*

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.