S. No. 300
Rev. 10-48

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

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17357

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy, Mo.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 2129
d. STREET ADDRESS (If rural, give location): 245 Union Blv'd.,

3. NAME OF DECEASED (Type or Print): a. (First) Nelle b. (Middle) Marlett c. (Last) Rea.

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 50.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: January 1, 1885.

9. AGE (In years last birthday): 65. If under 1 year: Months / Days. If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home..

10b. KIND OF BUSINESS OR INDUSTRY: Housewife.

11. BIRTHPLACE (State or foreign country): Indianola, Iowa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lewis Marlett.

13b. MOTHER'S MAIDEN NAME: Mary E. Sarchett.

14. NAME OF HUSBAND OR WIFE: Ernest C. Rea.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Charles Proctor, Columbia, Mo.,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture of base and brain

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Auto accident

DUE TO (c) Hi-way 61

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 8 hr 4 / 26

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 057

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-way 61

21c. (CITY, TOWN, OR TOWNSHIP) Troy, (COUNTY) Lincoln (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-28-50 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? 2 cars ran together

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arden Ellis (Degree or title) Coroner

23b. ADDRESS Troy, Mo

23c. DATE SIGNED May 8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation..

24b. DATE: 5/2/50.

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory.

24d. LOCATION (City, town, or county) (State): 7800 St. Charles Road.

DATE REC'D BY LOCAL REG.: May 9-1950

REGISTRAR'S SIGNATURE: Emma B. Riddle

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Funeral Home St Louis Mo 7233 Delmar

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1950

District File Number

District Health Officer No. 9,

RECEIVED

MAY 15 1950

APR 19 1950

MAY 31 1950

OCT 12 1950

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 ..... Signed Joseph J. Marsh
Student Embalmer

Licensed Embalmer No. 3932

P. O. Address Troy, 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.