

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23960**

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

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY PHELPS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARIES			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROLLA		c. LENGTH OF STAY (If in this place) 12 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson township)		d. STREET ADDRESS (If rural, give location) near Belle <u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hosp				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) MARDELL PEARLE b. (Middle) SCARLETT c. (Last) _____			4. DATE OF DEATH JULY 10th-1954				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB 13th 1933		9. AGE (In years last birthday) 21 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM B. SCARLETT			13b. MOTHER'S MAIDEN NAME OPAL CRIDER		14. NAME OF HUSBAND OR WIFE *****		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-36-7936		17. INFORMANT'S SIGNATURE OR NAME William B. Scarlett (Belle, Mo.)			
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					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injured in auto accident fracturing Ribs and left femur.					12 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Thoracic Hemorrhage					12 hrs
		DUE TO (c) Shock					12 hrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					Multiple Scalp & face Lacerations
							12 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jefferson Township Maries Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/10/54 3:00 AM	
		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto out of control. Turned over.			
22. I hereby certify that I attended the deceased from 7/10 , 1954, to 7/10 , 1954, that I last saw the deceased alive on 7/10 , 1954, and that death occurred at 3:00 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE R. H. Schouhah D.D. (Degree or title)				23b. ADDRESS Belle, Mo		23c. DATE SIGNED 7/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 12th 54	24c. NAME OF CEMETERY OR CREMATORY Francis Cemetery		24d. LOCATION (City, town, or county) (State) Osage County, Mo.		
DATE REC'D BY LOCAL REG. July 12, 1954		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE S. S. Smith's Funeral Service Belle ADDRESS			

County File Number _____
Date Filed 2-19-58

JAN. 26 1958

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. 5

working under my personal supervision.

Student
Student Embalmer

Signed Chet Jensen

Licensed Embalmer No. 4178

P. O. Address Blond-hr.

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.