

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2387**

FILED FEB 1 1956

BIRTH NO. 1198-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fort Leonard Wood, Mo.</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY OR TOWN <b>Fort Leonard Wood</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2850</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda</b> b. (Middle) <b>Catherine</b> c. (Last) <b>Scarr</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 23, 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Cau</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>21 January 1956</b>		9. AGE (In years last birthday) <b>2</b>		IF UNDER 1 YEAR: Months <b>2</b> Days <b>2</b> Hours <b>2</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Leonard P. Scarr</b>		13b. MOTHER'S MAIDEN NAME <b>Irmgard Pastermack</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. DECEASED'S SIGNATURE OR NAME AND ADDRESS <b>G. B. Milligan, Major, MSC, Ft. Leonard Wood, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fetal atelectasis. Macerated fetus.</b>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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.			<b>7620</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 **on 23 January 1956**, ~~on 23 January 1956~~ that I last saw the deceased alive on **23 January, 19 56**, and that death occurred at **6:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Anthony J. Riley, Capt MC</b>		23b. ADDRESS <b>US Army Hospital, Ft. Leonard Wood</b>		23c. DATE SIGNED <b>24 Jan 56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 25 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial C.M.</b>		24d. LOCATION (City, town, or county) (State) <b>Crocker Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>1-25-56</b>		REGISTRAR'S SIGNATURE <b>Paula Gene Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>HEDGES FUNERAL HOMES INC CORCKER</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

File Number 1-28-56  
Date Filed 1-28-56

RECEIVED 1-25-56  
County Health Officer

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 .....

working under my personal supervision..

Student Embalmer No. ....

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed *Clarence J. [Signature]*

Licensed Embalmer No. *489*

P. O. Address *Wayne*

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.