S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

State File No. 9614

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1824 So. Barrett

3. NAME OF DECEASED (Type or Print)
a. (First): Iola
b. (Middle): Bell
c. (Last): Phelan

4. DATE OF DEATH (Month) (Day) (Year): April 7 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28 1888
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Boone Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John Doty
13b. MOTHER'S MAIDEN NAME: Virginia Gates
14. NAME OF HUSBAND OR WIFE: Harry Phelan

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: Harry Phelan
ADDRESS: Sedalia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Suppression of Urine. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis. — Over three yrs.
DUE TO (c) Shock/ — 8.30 P.M. 4-4-57

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of the Pevis, Sacrum, 4th, ~~5th, 6th and 7th Ribs- Left Chest~~

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: Fracture of Nose. Abrasions of Face, hands.
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): See other
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.): 027
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): As stated. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4-57, 19__, *to* 4-7, 19 57, *that I last saw the deceased alive on* 4-7, 19 57, *and that death occurred at* 7.42 A. *from the causes and on the date stated above.*

23a. SIGNATURE: Jno. B. Carlisle, M.D.
(Degree or title): Jno. B. Carlisle M.D.
23b. ADDRESS: Sedalia, Missouri.
23c. DATE SIGNED: 4-8-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-9-57
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): Sedalia Mo.

DATE REC'D BY LOCAL REG.: 4-9-57
REGISTRAR'S SIGNATURE: Frances Shelby
25. FUNERAL DIRECTOR'S SIGNATURE: Mc Laughlin Bros.
ADDRESS: Sedalia

(Licensed Embalmer's Statement on Reverse Side)

541/0

This lady was in an automobile accident in the City of Pleasant Green, Mo. The car turned over twice and she was thrown from the car. She was brou to the Bothwell Memorial Hospital in an ambulance. On admittance she was deep Shock and her condition was considered critical. Some two years ago she was in the same hospital with Chronic Nephritis. From this condition had ### not completely rec#overed.

The causes of death in this case are;-

1. Acute Suppression of Urine.
2. Shock.
3. Three fractures of the pelvis, left anteriorly.
4. Fracture of the Sacrum.
5. Fracture of the 5th, 4th, 6th and 7th ribs, mid-axillary line o the left side.
6. Fracture Nose with abrasions and contusions and lacerations o the right side of the face. Abrasions and contusions of both arms, hands andlegs.
7. Large abrasion to the left hip posteriorly with formation of large hematoma.

Jno. B. Carlisle M.D. - 4857

MAR 24 1958

OCT 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed K. P. McLeary

Licensed Embalmer No. 3153

P. O. Address Sedalia M

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