

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39707

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 332

2013

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

|                                                                                               |  |                                                                                                                                                                                                                            |  |
|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair.</u>                                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Adair.</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>1013</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> |  | c. LENGTH OF STAY (in this place) <u>8 days</u>                                                                                                                                                                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S.</u>                                       |  | d. STREET ADDRESS (If rural, give location) <u>Kirkville, Mo.</u>                                                                                                                                                          |  |

|                                                                                                                |                                                      |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Parcell</u> c. (Last) <u>Parcell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 7 50</u> |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

|                      |                               |                                                                         |                                      |                                           |                                |                              |                                |                              |
|----------------------|-------------------------------|-------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>Jan. 9, 1861</u> | 9. AGE (In years last birthday) <u>89</u> | # UNDER 1 YEAR <u>0</u> Months | # UNDER 6 WKS. <u>0</u> Days | # UNDER 24 HRS. <u>0</u> Hours | # UNDER 1 MIN. <u>0</u> Min. |
|----------------------|-------------------------------|-------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|

|                                                                                                                |                                                  |                                                                        |                                            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Knox County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|

|                                            |                                                  |                                                          |
|--------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| 13a. FATHER'S NAME <u>James W. Baldwin</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Porter</u> | 14. NAME OF HUSBAND OR WIFE <u>Calvin L. Parcell (D)</u> |
|--------------------------------------------|--------------------------------------------------|----------------------------------------------------------|

|                                                                                                                    |                                     |                                                                                            |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>M.L. Parcell</u> ADDRESS <u>810 E Jeff. Kirks, Mo</u> |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                               |                                                                                                                                                                      |  |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>                                                                                    |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u><br><br><u>30 yrs</u><br><br><u>331X</u> |
|                                                                                                                                                                                                                               | - ANTECEDENT CAUSES<br><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>Hypertension</u> |  |                                                                                           |
|                                                                                                                                                                                                                               | DUE TO (c)                                                                                                                                                           |  |                                                                                           |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |                                                                                                                                                                      |  |                                                                                           |

|                        |                                  |                                                                                  |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|

|                                          |                                                                                          |                                                 |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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 from 12-4-1950, to 12-7-1950, that I last saw the deceased alive on 12-2-1950, and that death occurred at 5:58 pm., from the causes and on the date stated above.

|                                                                                             |                             |                  |
|---------------------------------------------------------------------------------------------|-----------------------------|------------------|
| 23a. SIGNATURE <u>J. H. Hertzler</u> (Degree or title) <u>D.O. 21 K.C.O.S. Kirkville Mo</u> | 23b. ADDRESS <u>12-8-50</u> | 23c. DATE SIGNED |
|---------------------------------------------------------------------------------------------|-----------------------------|------------------|

|                                                         |                          |                                                             |                                                                      |
|---------------------------------------------------------|--------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-9-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Linville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u> |
|---------------------------------------------------------|--------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|

|                                         |                                           |                                                                                       |
|-----------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>12-9-50</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirkville, Mo.</u> |
|-----------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|

Date Received: DEC 19  
DISTRICT HEALTH OFFICE  
District File Number 12-50-2  
Date Filed  
DEC 20 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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.