

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43917**

FILED JAN 26 1951

BIRTH NO. **71400-50** REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **6096** Registrar's No. **45**

0980

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

1. PLACE OF DEATH a. COUNTY <b>SCHWYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCHWYLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>PLENWOOD-TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PLENWOOD 0980</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>RURAL 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RURAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>LEONARD</b> c. (Last) <b>PARCEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 8 1950</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
8. DATE OF BIRTH <b>SEPT 24, 1950</b>		9. AGE (In years last birthday) <b>2</b>		10. IF UNDER 1 YEAR Months Days Hours 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 (State or foreign country) <b>SCOTLAND CO, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>ALBERT H. PARCEL</b>	
13b. MOTHER'S MAIDEN NAME <b>HELEN GARRISON</b>				14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>7955</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Albert Parcel Plewood, Mo</b>	
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) <b>CAUSE OF DEATH UNKNOWN</b>		INTERVAL BETWEEN ONSET AND 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.					
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Orsini</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>Lancaster, Mo.</b>		23c. DATE SIGNED <b>12-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE TIME OF BURIAL <b>DEC 9, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ARNI MEMORIAL LANCASTER, MO</b>	
DATE REC'D BY LOCAL REG. <b>12-31-50</b>		REGISTRAR'S SIGNATURE <b>Mrs. R. J. Drake</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ernest A. Head</b> ADDRESS <b>Lancaster, Mo.</b>	

Date Received: JAN 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-57-137  
Date Filed: JAN 24 1951

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 *Lucretia B. Head*.....

Licensed Embalmer No. *4038*.....

P. O. Address *Lancaster, Mo*.....

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.