

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15415

1170  
Beers

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

BIRTH NO. _____		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 4343		Registrar's No. 2		
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY Webster				
b. CITY OR TOWN Seymour		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN SEYMOUR MO		1170		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) LUCINDA			b. (Middle) CLIMENTINE			c. (Last) PARNELL		
4. DATE OF DEATH		(Month) 4		(Day) 2		(Year) 1951		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 27, 1879		
9. AGE (In years last birthday) 80 yrs		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN EMBREY			13b. MOTHER'S MAIDEN NAME MARY JOHNSON			14. NAME OF HUSBAND OR WIFE L. C. PARNELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. L		17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. C. PARNELL SEYMOUR MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of Lungs						
		ANTECEDENT CAUSES						
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) stroke</p> <p>DUE TO (c) senility</p>						
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 334X					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 3-29, 1951, to 4-2, 1951, that I last saw the deceased alive on 4-1, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. G. Beers MD				23b. ADDRESS Seymour MO		23c. DATE SIGNED 4-7-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-51		24c. NAME OF CEMETERY OR CREMATORY Seymour		24d. LOCATION (City, town, or county) (State) 1170 W. Seymour MO		
DATE REC'D BY LOCAL REG. 4-8-51		REGISTRAR'S SIGNATURE Gilbert Jones, C		24e. FUNERAL DIRECTOR'S SIGNATURE Address Kellestern Beigman Seymour MO				

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 10 1951

Dist. File 437-777

Date Filed 4-10-51

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 \_\_\_\_\_

DON FERRELL

Student Embalmer No. 397

working under my personal supervision.

Student How G. Jewell  
Student Embalmer

Signed May J Miller

Licensed Embalmer No. 4720

P. O. Address Seymour 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.