

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30658

State File No. ....

FILED OCT 2 1951

BIRTH NO. .... REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 105

512

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (in this place) OR TOWN Warrensburg	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Cent.		d. STREET ADDRESS (If rural, give location) 109 W. North St.	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Parnell c. (Last) Schooling			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 22, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Newspaperman	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Schooling		13b. MOTHER'S MAIDEN NAME Martha Miller		14. NAME OF HUSBAND OR WIFE Mayme McMeekin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Schooling Warrensburg, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycosis fungoides  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 205X  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Cerebral arteriosclerosis  Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 months    1 yr.
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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) 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 Aug 26, 1951, to 9-26, 1951, that I last saw the deceased alive on 9-26, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper M.D. (Degree or title)		23b. ADDRESS Warrensburg Mo.		23c. DATE SIGNED 9-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 29-28-51		24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers Sons	
		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			

DATE REC'D BY LOCAL REG. Sep. 28, 1951		REGISTRAR'S SIGNATURE Savannah Antelich		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A. Branninger Warrensburg, Mo.	
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OCT 1 1951  
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JOHNSON COUNTY HEALTH DEPT.

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. A. Brauning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.