

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34242

State File No.

FILED NOV 15 1951

BIRTH NO.		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4284		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaBelle		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange		560	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Stephen		a. (First)		b. (Middle) C.		c. (Last) Accola	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 20, 1878		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		11. BIRTHPLACE (State or foreign country) LaGrange, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Conrad C. Accola		13b. MOTHER'S MAIDEN NAME Katherine Werley		14. NAME OF HUSBAND OR WIFE Inez M. Accola	
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 Mrs. Raymond Wells Lewistown, 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) Parkinson's Syndrome 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.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Oct 27 th , 1951, to Oct 30 th , 1951, that I last saw the deceased alive on Oct 30 th , 1951, and that death occurred at 10 a.m., from the causes and on the date stated above.							
23a. SIGNATURE L. L. Cochran		23b. ADDRESS LaBelle, Mo.		23c. DATE SIGNED 10-1-51		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) LaGrange, Missouri	
DATE REC'D BY LOCAL REG. 11-8-51		REGISTRAR'S SIGNATURE P. H. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE Kenneth Bailey		ADDRESS LaGrange, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 13 1957
DISTRICT HEALTH OFFICE #2
District File Number 71-573006
Date Filed: NOV 13 1957

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 _____

Licensed Embalmer No. 4248

P. O. Address La Grange, N.Y.

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.