

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41450

State File No.

DEC 17 1951

BIRTH NO. REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5557 Registrar's No.

1. PLACE OF DEATH
a. COUNTY HOWELL
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PEACE VALLEY, Mo. Rt #1
c. LENGTH OF STAY (In this place) 14 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION at home - Peace Valley Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY HOWELL
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PEACE VALLEY, Mo. Rt #1
d. STREET ADDRESS (If rural, give location) 5 miles South East of Peace Valley, Mo.

3. NAME OF DECEASED
a. (First) CLARA b. (Middle) CHIFFORD c. (Last) PARCELL
4. DATE OF DEATH (Month) (Day) (Year) 11-18-1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 6-12-1890 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Mins.

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) Tennessee 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN FORD 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Robert E. Parcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Robert E. Parcell ADDRESS Peace Valley Mo. Rt #1

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
ANTECEDENT CAUSES arteriosclerosis
Morbidity 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
5 yrs
10 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4221 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 5-1-, 1951, to 11-18, 1951, that I last saw the deceased alive on 11-10-, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS West Plains, Mo 23c. DATE SIGNED 11/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/19/51 24c. NAME OF CEMETERY OR CREMATORY Nilson 24d. LOCATION (City, town, or county) (State) Ripley Mo.

DATE REC'D BY LOCAL REG. 1-24-51 REGISTRAR'S SIGNATURE Laura Mitchell 25. FUNERAL DIRECTOR'S SIGNATURE L. M. Edwards ADDRESS Doniphan, Mo.

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

460

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

RECEIVED / DEC 10 1951

Dist. File 1207-3289

Date Filed 12-11-51

was not Embalmed

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 *George P. Kerby*

Licensed Embalmer No. 4752

P. O. Address *Doniphan, 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.