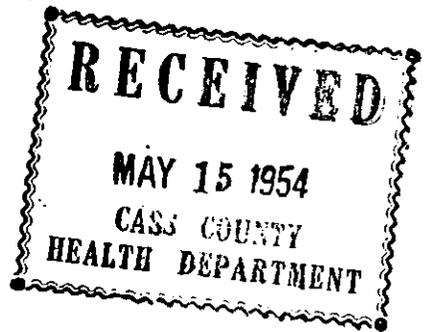


THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0190  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5217</u>		Registrar's No. <u>73</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Rural Austin</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Kennett</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Miles South Hannibal, U.S. 71</u>				e. STREET ADDRESS (If rural, give location) <u>2929 E 29th ST. 33581</u>				
3. NAME OF DECEASED a. (First) <u>ROBERT</u> (Type or Print)			b. (Middle) <u>EUGENE</u>		c. (Last) <u>PARCELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUG 3 1928</u>		
9. AGE (in years last birthday) <u>25</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>		IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>WAREHOUSE MAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ocala, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WAYNE PARCELL</u>			13b. MOTHER'S MAIDEN NAME <u>EDITH A FISH</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Files of DW Newcomer's Son. K.C. Mo.</u>		ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injury (Multiple)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestion of left chest</u> 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 <u>1.0 min.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Austin Twp.</u> (COUNTY) <u>Cass</u> (STATE) <u>Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 8 54 10<sup>AM</sup></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident</u>				
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 <u>10:00am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Seaid Jander (Crown)</u> (Degree or title)				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>5/8/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>		
DATE REC'D BY LOCAL REP. <u>May 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard #575</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Bros. Hannibal, Mo.</u> ADDRESS _____			

JAN 24 1955



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..... Signature of Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.