

No. 300  
10-48

FILED JAN 25 1951

# STANDARD CERTIFICATE OF DEATH

3405

State File No. ....

Reg.# 90818

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, MO.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BRKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>23</u> <u>das.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		<u>1396</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS AIM. HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>1701 WEST OLIVE</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>F</u> c. (Last) <u>PARKHURST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20, 1951</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-4-21</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NOVELTY MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>DETROIT, MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>ALONZO PARKHURST</u>		13b. MOTHER'S MAIDEN NAME <u>FERN DUNN</u>		14. NAME OF HUSBAND OR WIFE <u>VIOLA PARKHURST</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 1-17-41 10-2-45</u>		16. SOCIAL SECURITY NO. <u>497 30 1809</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>		ADDRESS <u>JEFF BRKS, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 YRS.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HODGKINS DISEASE</u>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b)</u>				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)				
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 <u>201X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12-28, 1950, to 1-20, 1951, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>JEFFERSON BARRACKS, MO.</u>		23c. DATE SIGNED <u>1-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springfield</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>		
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DATE REC'D BY LOCAL REG. <u>1/20/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. &amp; L. Co.</u>			ADDRESS <u>7814 S. Broadway, St. Louis, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 3 1951

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

X

Signed

*Harry J. Schumacher*  
Licensed Embalmer No. *2679*

P. O. Address *7814 T. Pruders*

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.