

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15682**

FILED JUN 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 614

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> |  | c. LENGTH OF STAY (In this place) <b>17 days</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Nursing Home 2502 St. Joseph, Av. e</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Washington tw.)</b>                                 |  |
|  |  | d. STREET ADDRESS (If rural, give location) <b>2 mi. No. Wathena R.R. #1</b>   |  |

|  |                       |                        |                            |   |
|--|-----------------------|------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <b>MATILDA</b> | a. (First) <b>***</b> | b. (Middle) <b>***</b> | c. (Last) <b>PARKHURST</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 31, 1951</b> |
|--|-----------------------|------------------------|----------------------------|---|

|                      |                               |   |  |   |                        |                      |       |      |
|----------------------|-------------------------------|---|--|---|------------------------|----------------------|-------|------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> | 8. DATE OF BIRTH <b>Sept. 30, 1864</b> | 9. AGE (In years last birthday) <b>86</b> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|--|---|------------------------|----------------------|-------|------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b> | 11. BIRTHPLACE (State or foreign country) <b>Racine, Wis.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
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|---|--|--|
| 13a. FATHER'S NAME <b>Elisha D. Parkhurst</b> | 13b. MOTHER'S MAIDEN NAME <b>Abigail Spencer</b> | 14. NAME OF HUSBAND OR WIFE <b>*****</b> |
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|  |                                     |   |         |
|--|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Lee - Wathena, Kansas</b> | ADDRESS |
|--|-------------------------------------|---|---------|

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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio-sclerosis</b>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>4500</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | 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 May 1946 to May 31, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <b>John J. ...</b> (Degree or title) | 23b. ADDRESS <b>Wathena, Kansas</b> | 23c. DATE SIGNED <b>6-1-1951</b> |
|---|-------------------------------------|----------------------------------|

|  |                               |  |  |
|--|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>May 31, 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Belmont Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Wathena, Kansas</b> |
|--|-------------------------------|--|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <b>June 4, 1951</b> | REGISTRAR'S SIGNATURE <b>Carl C. ...</b> | 25. SPECIAL DIRECTOR'S SIGNATURE <b>Charles M. Harman</b> ADDRESS <b>Harman Funeral Home-Wathena, Ks.</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 13 1927

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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 Charles M. Herman

Licensed Embalmer No. 4487

P. O. Address Wathens, 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.