

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8135**

ED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **42**

24110

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (in this place) 2 1/2 Hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany, Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp.,	
		d. STREET ADDRESS (If rural, give location) 9 Miles North of Cainsville, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) Frances c. (Last) Parkhurst	4. DATE OF DEATH (Month) (Day) (Year) March 2 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 10 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Personal Home	11. BIRTHPLACE (State or foreign country) Harrison Co., Missouri.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Oliver Seymour	13b. MOTHER'S MAIDEN NAME Sarah Oxford	14. NAME OF HUSBAND OR WIFE (Deceased) Granville Virgil Parkhurst.
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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. Willard Peterson Cedar Falls Iowa
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma testis - skull & brain		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cervical Carcinoma 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	20. AUTOPSY? YES <input 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)
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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?
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22. I hereby certify that I attended the deceased from **3-1, 1952**, to **3-2, 1952**, that I last saw the deceased alive on **3-2, 1952**, and that death occurred at **1:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.	23b. ADDRESS Bethany, Missouri.	23c. DATE SIGNED 3/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 5, 1952	24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery	24d. LOCATION (City, town, or county) (State) RFD Davis City, Iowa.
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DATE REC'D BY LOCAL REG. 4/1/52	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL HOME'S SIGNATURE ADDRESS Cainsville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, by

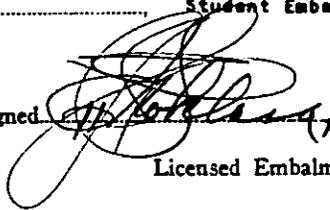
Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.