

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8788

State File No.

No. 300
10.48

FILED APR 2 - 1956

BIRTH NO. 35913-56 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 289

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> | |
| b. CITY OR TOWN <u>SPRINGFIELD</u> | c. LENGTH OF STAY (in this place) <u>30 MIN</u> | c. CITY OR TOWN <u>MARSHFIELD</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>BURGE Hospital</u> | | e. STREET ADDRESS (If rural, give location) | |

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|--|-------------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD THEODORE</u> b. (Middle) <u>PARKHURST</u> c. (Last) <u>PARKHURST</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 26 1956</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>MAR 26 - 1954</u> | 9. AGE (In years) Months Days <u>2 0 0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>THEODORE PARKHURST</u> | | 13b. MOTHER'S MAIDEN NAME, <u>DAWN DAYLIGNON</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>THEODORE PARKHURST</u> ADDRESS <u>MARSHFIELD</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>2 Hours</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> | | DUE TO (b) <u>6 1/2 months gestation</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Prem. spont. rupture of membranes.</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 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 Mar. 26, 1956, to March 26, 1956, that I last saw the deceased alive on March 26, 1956, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE <u>C.R. Macdonald, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Marshfield, Mo.</u> | | 23c. DATE SIGNED <u>3/26/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-27-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u> | | DATE REC'D BY LOCAL REG. <u>3-28-56</u> | | REGISTRAR'S SIGNATURE <u>Paul Barber</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Barber</u> | | ADDRESS <u>MARSHFIELD MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Not Embalmed*

Licensed Embalmer No.

P. O. Address

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.