

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city, mo</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5320 Brookside Blvd</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Linwood Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Miss Ellen</u> b. (Middle) <u>H</u> c. (Last) <u>Parkhurst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 9 1861</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>-</u>	IF UNDER 24 HRS. Days <u>-</u>	IF UNDER 1 MIN. Hours <u>-</u>	IF UNDER 1 MIN. Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Music Teacher</u>	11. BIRTHPLACE (State or foreign country) <u>Polso Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George W Parkhurst</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.A. Guetler</u>	ADDRESS <u>5320 Brookside</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bundle Branch Block</u>		<u>5 days</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sevility</u>			<u>4330</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 March 1950, to March 29, 1952, that I last saw the deceased alive on March 25, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Madore Anderson M.D.</u>	23b. ADDRESS <u>723 W 45th St</u>	23c. DATE SIGNED <u>3-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Topeka Cem Assoc</u>	24d. LOCATION (City, town, or county) (State) <u>Topeka Kansas</u>
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DATE REC'D BY LOCAL REG. <u>3-31-52</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Warnall</u>	ADDRESS <u>Funeral Home</u>
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X.C.M.O.

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 *Russell N. France*.....

Licensed Embalmer No. *4255*.....

P. O. Address *K.E. 2nd*.....

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.