

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37521

State File No.

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Colfax 0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi N.E. Eagleville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>JANE</u> c. (Last) <u>PARKHURST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 24 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 25, 1895</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>	11. BIRTHPLACE (State or foreign country) <u>HARRISON, Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>George Holloway</u>	
13b. MOTHER'S MARDEN NAME <u>Lydia Bowen</u>		14. NAME OF HUSBAND OR WIFE <u>William J. Parkhurst</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William J. Parkhurst</u>		ADDRESS <u>Eagleville, Mo.</u>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>			<u>20 yrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u>			<u>6 wks.</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			
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 <u>11-20-55</u> to <u>11-24-55</u> , that I last saw the deceased alive on <u>11-24-55</u> and that death occurred at <u>6:41 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Byron J. Axtell</u>		23b. ADDRESS <u>D.O. Princeton Missouri</u>	
23c. DATE SIGNED <u>12-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 26, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Love Rock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HARRISON Co., Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-9-55</u>		REGISTRAR'S SIGNATURE <u>Neil Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest W. Boggs</u>		ADDRESS <u>Eagleville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Gerald W. Boggess

Licensed Embalmer No. 4762

P. O. Address Eagle Hill

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.