

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004411

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 32

300

-57

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 Kyler St.		Length of stay in lb 35 Yrs.	d. STREET ADDRESS (If outside, give location) 202 Kyler St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) OREN ALVA PARKHURST			4. DATE OF DEATH Month Feb. Day 22 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22, 1875	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months 3 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Frisco Employee	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Franklin, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elijah Parkhurst		13b. MOTHER'S MAIDEN NAME Elizabeth Gross		14. NAME OF HUSBAND OR WIFE Ola Parkhurst	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-07-7079	17. INFORMANT Address Mrs. Oren Parkhurst, Monett, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from November, 1958 to 2-22-59 and last saw her alive on 2-22-59 Death occurred at February 22, 1959 11 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. G. Glass, Jr M D C (Degree or title)			22b. ADDRESS 315 1/2 Broadway, Monett, Mo.		22c. DATE SIGNED 2-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/25/59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Monett, Mo.	
24. FUNERAL DIRECTOR J. D. Buchanan		ADDRESS Monett, Mo.	25. DATE RECD. BY LOCAL REG. 2-23-59	26. REGISTRAR'S SIGNATURE M. P. N. Cook	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

V.S. MAR 6 1959

DATE REC. 3-3-59

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 *J.P. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.