

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25794

State File No.

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 8

| | | | |
|---|--|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Fishing River</u> | | c. LENGTH OF STAY (in this place) <u>1 Hr.</u> | c. CITY OR TOWN <u>Lexington</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woods Lake R.F.D. 2 Ex. Spgs.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS (If rural, give location) <u>05420</u> | | | |

| | | | | | |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) _____ c. (Last) <u>Harrington</u> | | | 4. DATE OF DEATH (Month) <u>July</u> (Day) <u>28</u> (Year) <u>1957</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>March 20, 1925</u> | 9. AGE (In years last birthday) <u>32</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Linneas, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Albert Harrington</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Jane Gillespie</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |

| | | | |
|--|--|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>439-24-2837</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Wheatley Caney, Kansas</u> | ADDRESS _____ |
|--|--|---|---------------|

| | | | |
|---|--|------|----------------------------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental drowning</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>alleged heart condition</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 9298 | |

| | | |
|--|---|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>42</u> | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Woods Lake R.F.D. 2</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ray County Mo</u> |
| 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? _____ |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

| | | | |
|---|--------------------------------|--|---|
| 23a. SIGNATURE <u>Sharon D. Cook, M.D. Coroner</u> | (Degree or title) <u>3</u> | 23b. ADDRESS <u>Richardson, Mo.</u> | 23c. DATE SIGNED <u>7/28/57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 30, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u> |

| | | | |
|---|---|--|--|
| DATE REC'D BY LOCAL REG. <u>7-29-57</u> | REGISTRAR'S SIGNATURE <u>Helen J. Laska</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Funeral Home, Inc.</u> | ADDRESS <u>Excelsior Springs, Missouri</u> |
|---|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

2272

MAR 24 1958

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 Ralph Van Landingham

Licensed Embalmer No. 400
P. O. Address Springer, S. C.

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.