

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43878**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **198** PRIMARY REG. DIST. NO. **4310** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Macon</b>	
b. CITY OR TOWN <b>Bever</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY OR TOWN <b>Bever</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sheldon</b> b. (Middle) <b>Lee</b> c. (Last) <b>Harrington</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-22-49</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>07-25-49</b>		9. AGE (In years last birthday) <b>9</b> Months <b>27</b> Days		10. IF UNDER 1 YEAR Hours <b>27</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Sheldon, Wyoming</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Earl Harrington</b>		13b. MOTHER'S MAIDEN NAME <b>Wanda Cross</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>32-</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Earl Harrington</b>		ADDRESS <b>Bever, Mo</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		DUE TO (b) _____		<b>12 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Marasmus slight</b>		<b>491X</b>	
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) <b>Bever Macon Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Child was dead 10 minutes before entering home.</b>	

22. I hereby certify that I attended the deceased from **child was dead 10 minutes before entering home**, 19 **49**, to **19**, that I last saw the deceased alive on **12-23-49**, and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. A. Carroll</b> (Degree or title) <b>D.A.</b>		23b. ADDRESS <b>Macon, Missouri</b>		23c. DATE SIGNED <b>12/23/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-24-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>West Oakwood</b>	
24d. LOCATION (City, town, or county) <b>Macon</b>		24e. (State) <b>Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. G. Edwards</b> ADDRESS <b>Bever, Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-5-50</b>		REGISTRAR'S SIGNATURE <b>Josephine King</b> <b>399</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
TV. 10. 48

0610  
61  
6

0610  
610

RECEIVED 1/10/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 1/50/12.....  
Date Filed 1/12/50.....

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 *H. G. Edwards*.....

Licensed Embalmer No. 1961.....

P. O. Address *Bevies 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 this body is not embalmed, fact should be so stated above.