

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11993

State File No.

550

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>550</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Buchanan		b. STATE Missouri		c. COUNTY Buchanan		d. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>0117</u>	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		d. STREET ADDRESS (If rural, give location) 2814 South 23rd street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2814 S. 23rd.		d. STREET ADDRESS (If rural, give location) 2814 South 23rd street		3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) Robert		b. (Middle) Miles		c. (Last) Harrington		(Month) (Day) (Year) May 1, 1950	
(Type or Print)							
5. SEX male <u>0</u>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 4, 1876	
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR 10		11. UNDER 1 YEAR 27		12. UNDER 1 YEAR Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. druggist		10b. KIND OF BUSINESS OR INDUSTRY retail drug store		11. BIRTHPLACE (State or foreign country) Platte, Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Harrington		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Eva M. Harrington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva M. Harrington, St. Joseph, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) XX II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XX				INTERVAL BETWEEN ONSET AND DEATH 6 mos. 3 years. 4200	
19a. DATE OF OPERATION XX		19b. MAJOR FINDINGS OF OPERATION XXXX				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) XX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XX		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XX			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XX		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> XX		21f. HOW DID INJURY OCCUR? XX			
22. I hereby certify that I attended the deceased from Mar 25, 1949 , to May 1, 1950 that I last saw the deceased alive on Nov. 11, 1949 , and that death occurred at 1:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Clemens P. ...</i> (Degree or title)				23b. ADDRESS The Schneider Bldg. St. Joseph, Missouri		23c. DATE SIGNED 5-1-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/3/50		24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery		24d. LOCATION (City, town, or county) (State) Platte City, Mo.	
DATE REC'D BY LOCAL REG. May 10, 1950		REGISTRAR'S SIGNATURE <i>E. G. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Neaton-Bauman</i>		ADDRESS St. Joseph, Mo. Home	

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

Melrose Clinic

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.

Signed *William Spalding* _____

Licensed Embalmer No. *4535* _____

Signed _____
Student Embalmer

P. O. Address *319 S. 10th St. Joseph, 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.