

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 3 - 1951

State File No. 20458

Registrar's No. 225

4850

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>919 N. Chrysler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Ethington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 17, 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
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>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Collins, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Harmon</u>	14. NAME OF HUSBAND OR WIFE <u>David E. Ethington (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Roy Ethington</u>		ADDRESS <u>Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bowel obstruction, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>circumnatosis</u>		<u>months</u>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic cardiovascular disease</u>		<u>years</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>6/9</u> , 1951, to <u>6/14</u> , 1951, that I last saw the deceased alive on <u>6/14</u> , 1951, and that death occurred at <u>8:45 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Vance E. Link, M.D.</u> (Degree or title)		23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>6/15/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett City, Mo</u>
DATE REC'D BY LOCAL REG. <u>6-17-51</u>	REGISTRAR'S SIGNATURE <u>R. M. H. Davis</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Larson</u>	ADDRESS <u>Independence, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

