

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7228**

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. **901** PRIMARY REG. DIST. NO. **4450** Registrar's No. **359**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shirley	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) Doniphan, Mo. Rt. # 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			

3. NAME OF DECEASED a. (First) Sharon b. (Middle) L. c. (Last) Harrington			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 15, 1886		9. AGE (In years) (Month) (Day) 66 6 24		10. IF UNDER 1 YEAR (Specify) 6 24		11. IF UNDER 24 HRS. (Specify) 6 24	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture			11. BIRTHPLACE (City and State or Foreign Country) Allendale, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Oliver J. Harrington			13b. MOTHER'S MAIDEN NAME Amanda Perego			14. NAME OF HUSBAND OR WIFE Ola Harrington		
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ola Harrington Doniphan, Mo. Rt. 7			
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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) Cardiac Failure		DUE TO (b) Arteriosclerosis						2 weeks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4500							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Jan 1953**, to **Feb 19, 1953**, that I last saw the deceased alive on **Feb 19, 1953**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Johnson (Degree or title) Sm.		23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 2/15/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Missouri	
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DATE REC'D BY LOCAL REG. 2-26-53		REGISTRAR'S SIGNATURE [Signature] 277-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Black-Edwards Doniphan, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

John D. Clary

Licensed Embalmer No. *4475*

P. O. Address *Box 398 Altam*

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.