S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12957

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 324 Alabama St,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, 1003
d. STREET ADDRESS (If rural, give location): 324 Alabama Street

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): XXXXXXXX
c. (Last): Harrington

4. DATE OF DEATH (Month) (Day) (Year): March 5 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 18, 1908
9. AGE (In years last birthday): 45 — If under 1 year: Months 5 Days 14 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XXX
10b. KIND OF BUSINESS OR INDUSTRY: Truck driver
11. BIRTHPLACE (City and State or Foreign Country): Noxbuee Co. Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Richard Harrington
13b. MOTHER'S MAIDEN NAME: Hattie Lee
14. NAME OF HUSBAND OR WIFE: Willie Mae Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 497,09,3149
17. INFORMANT'S SIGNATURE OR NAME: Willie Mae Harrington — ADDRESS: 324 Alabama

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coroncary Heart Disease — 3-4 yr
DUE TO (c) Rheumatic Cardiac Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 416X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Feb, 1953, *to* 5 Mar, 195, *that I last saw the deceased alive on* 3 March, 1953, *and that death occurred at* 8:4 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John L. Sample (Degree or title) M.D.
23b. ADDRESS: 1212 Maud St Sikeston Mo
23c. DATE SIGNED: 9 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-11-53
24c. NAME OF CEMETERY OR CREMATORY: Smith West End Cemetery
24d. LOCATION (City, town, or county) (State): West of Sikeston, Mo.

DATE REC'D BY LOCAL REG.: 10-Mar-53
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS: Fred L. Smith 1212 Maud St. Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 16 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 353-68

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.