

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23770

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u> c. LENGTH OF STAY (in this place) <u>6 mo., 14 da.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRIM-SMITH MEMORIAL HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u> d. STREET ADDRESS (If rural, give location) <u>0520</u> <u>1</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Sarah</u> c. (Last) <u>Harrington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1953</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>May 6, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Longfellow</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Grant</u>	14. NAME OF HUSBAND OR WIFE <u>Bert Harrington</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucretia Adams</u>		ADDRESS <u>Edina, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic adenocarcinoma, generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>4 yrs.</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 Sept 1, 1947, to July 27, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nestor T. Engler, M.D.</u>	23b. ADDRESS <u>Kirkville, Mo</u>	23c. DATE SIGNED <u>7.27.53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edina, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-28-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Al Primer Edina, Mo</u>
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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 *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.