

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24846**  
**3574**  
Registrar's No. \_\_\_\_\_

FILED AUG 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 50 YEARS

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION DEAD ON ARRIVAL LAKESIDE HOSPITAL

e. STREET ADDRESS (If rural, give location) 3528 3425 1/2 TROOST AVENUE

3. NAME OF DECEASED  
a. (First) MONROE b. (Middle) DEAN c. (Last) HARRINGTON

4. DATE OF DEATH (Month) (Day) (Year) JULY-19-1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH OCT. 3, 1873

9. AGE (In years last birthday) 79  
If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
If UNDER 14 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED REAL ESTATE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) ST. ALBENS, VERMONT

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LEE DIXON HARRINGTON

13b. MOTHER'S MAIDEN NAME ELLA JAQUETTE

14. NAME OF HUSBAND OR WIFE MRS. TINA 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. NONE

17. INFORMANT'S SIGNATURE OR NAME MRS. TINA HARRINGTON ADDRESS 3425 1/2 TROOST KANSAS CITY 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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Trigocardial insufficiency  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Coronary occlusion  
DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
  
4201

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 \_\_\_\_\_

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) \_\_\_\_\_

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 7-15, 1953, to 7-17, 1953, that I last saw the deceased alive on 7-15, 1953, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE John C. Taylor (Degree or title) D.O.P.

23b. ADDRESS 3504 Troost Ave.

23c. DATE SIGNED 7-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE July 20, 1953

24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 7-20-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons ADDRESS 1331 BROWN CREEK KANSAS CITY, MO.

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

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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.....  
Signature of Student Embalmer

Signed *Edward M. Storey*  
Licensed Embalmer No. *4452*  
P. O. Address *K.C. 10th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.