

19231

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tenn</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>1 da</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis Tenn</u> <u>g410</u>	
		d. STREET ADDRESS (If rural, give location) <u>1111 Texas Road</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIE</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>HARRINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb 9, 1935</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spray painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Spray painter</u>	11. BIRTHPLACE (State or foreign country) <u>Clarksdale, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Harrington</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Myrick</u>	14. NAME OF HUSBAND OR WIFE <u>UNNONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josephine Harrington</u> ADDRESS <u>Memphis</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs Tenn</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Car Wreck.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 mi East of Edina Tenn</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edina Tenn</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 19 '55 10:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from June 18, 1955, to June 19, 1955, that I last saw the deceased alive on June 19, 1955, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Gibson</u>	23b. ADDRESS <u>Edina Tenn</u>	23c. DATE SIGNED <u>6-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>22 June '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis, Tenn</u>
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DATE REC'D BY LOCAL REG. <u>June 24-55</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hurst</u> (151-2)	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. ...</u> ADDRESS <u>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 with the above constitutes grounds for revocation of license.)

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