

STANDARD CERTIFICATE OF DEATH

27099

State File No.

0730

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u>	c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Seneca</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0720</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Royal</u> c. (Last) <u>Harrington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>March 20, 1888</u>
9. AGE (In years last birthday) <u>73 1/4</u>		10. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Royal R. Harrington</u>		13b. MOTHER'S MAIDEN NAME <u>Rueinda Babcock Maude</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Card lost</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude Harrington, Seneca, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral stenosis; valvular disease</u> DUE TO (c) <u>5 yrs</u> 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"/>
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 <u>May</u> , 19 <u>54</u> , to <u>8/24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/23</u> , 19 <u>55</u> , and that death occurred at <u>2:18 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John B. Roberts</u> (Degree or title) <u>DOJ</u>		23b. ADDRESS <u>Seneca Mo</u>	23c. DATE SIGNED <u>8/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Swans Pt. Bapt. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-26-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u> <u>486-C</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Edlman, Seneca Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer

District File Number

and Date

85.

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 *W. E. Daddison*

Licensed Embalmer No. *217*

P. O. Address *Geneva*

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.