

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21194

State File No.

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (If in place) <u>27 hrs</u>	c. CITY OR TOWN <u>Memphis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>NATHAN</u> (Type or Print)		b. (Middle) <u>CHARLES</u>	
c. (Last) <u>HARRINGTON</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>18</u> (Year) <u>56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Never married</u>	8. DATE OF BIRTH <u>Jan. 6, 1946</u>
9. AGE (In years (by birthday)) <u>10</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Burch Harrington</u>	
13b. MOTHER'S MAIDEN NAME <u>Ada Elizabeth Jones</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Burch Harrington</u>		ADDRESS <u>Memphis, Missouri</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>Cerebral Ischemia - Distro</u> <u>Cerebral Thrombosis - Arteriosclerosis</u> <u>Fracture of Skull</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. <u>9024</u>	
19a. DATE OF OPERATION <u>6-17-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>as on #1</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Not in State</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Not in State</u>		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Florida</u> <u>Monroe</u> <u>Ms.</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-17-56</u> <u>p.</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>Fell from Cliff</u>		22. I hereby certify that I attended the deceased from <u>6-17</u> 10:45p, to <u>6-18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-18</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>6-20-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-20-56</u>	
24b. DATE <u>6-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Atlanta Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Atlanta, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
25. ADDRESS <u>[Address]</u>		DATE REC'D BY LOCAL REG. <u>6-20-56</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	

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

RECEIVED JUN 21 1956
MARION CO. HEALTH DEPT
DATE FILED JUN 21 1956

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 *Jack Schwartz*
Licensed Embalmer No. *4900*
P. O. Address *Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.