

#227

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-014566

STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 170

300
 1-574

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Pines Rest Home		Length of stay in 1b 1 Mo	d. STREET ADDRESS (If outside, give location) 8900 E. 59th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edith Middle Ford Last Harrington			4. DATE OF DEATH Month April Day 9 Year 1958			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1883	9. AGE (In years lost birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during working life, or if retired) Ret Office Hng	10b. KIND OF BUSINESS OR INDUSTRY Employment office	11. BIRTHPLACE (City and state or country) Kansas City, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oscar Tesch	13b. MOTHER'S MAIDEN NAME Anna Stasia	13c. NAME OF HUSBAND OR WIFE Fred Harrington
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If year or years of service) Yes	16. SOCIAL SECURITY NO. 535-32-3618A	17. INFORMANT 4 Pines Rest Home, Indep Mo Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Central Vasculor Thrombosis		1 year
	DUE TO (c) Arteriosclerosis		332X unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **1956** to **4-8-58** and last saw her/him alive on **4-9-58**.
 Death occurred at **4:30 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip J. Baker MD.	22b. ADDRESS 9304 E. New 40 Indep Mo	22c. DATE SIGNED 4-9-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 10, 58	23c. NAME OF CEMETERY OR CREMATORY Brookings Cem	23d. LOCATION (City, town, or county) (State) Raytown Mo
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24. FUNERAL DIRECTOR Kepke-Raytown, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-10-58	26. REGISTRAR'S SIGNATURE James Tracy
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 15 1958

APR 30 1958

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 *Difton L. Taylor*

Licensed Embalmer No. *4225*

P. O. Address *Raytown, 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.