

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020833

STATE FILE NUMBER

FILED JUN 30 1958

15

3004

Registrar's No. 62

Registration District No. Primary Registration District No.

300  
-57

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barton</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Lamar</b>   |   | c. CITY OR TOWN <b>Lamar</b> <i>00610</i>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>   |   | d. STREET ADDRESS <b>409 Mill St.</b> (If outside, give location)   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>CAROLINE</b>   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 22 1958</b>   |   |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct 10 1880</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>New Bedford, Illinois</b>                        |
| 13a. FATHER'S NAME<br><b>Jacob Alberts</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Frank Harrington</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No xxx</b>  |   | 16. SOCIAL SECURITY NO.<br><b>xxx</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Charley Reed, Lamar, Missouri</b>                             |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>June 11, 1958</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cerebro-vascular accident - probably embolus.</b>   |   |   | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>4201</b> |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <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  |
| 21. I attended the deceased from <b>Dec. 1947</b> to <b>June 22, 58</b> and last saw her alive on <b>June 21, 1958</b><br>Death occurred at <b>3:00 a.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><b>Blair T. Bickel, MD</b> (Degree or title)  |   | 22b. ADDRESS<br><b>Lamar, MO.</b>   | 22c. DATE SIGNED<br><b>6/23/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>June 24 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lake</b>   | 23d. LOCATION (City, town, or county)<br><b>Lamar, Missouri</b> (State)                           |
| 24. FUNERAL DIRECTOR<br><b>Konantz Funeral Home, Lamar, Missouri</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>June 24 1958</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Marie Konantz</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Norman L. Thompson* .....

Licensed Embalmer No. *4816* .....

P. O. Address *Lamar, 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.