t. Health,
, & Welfare
S. Public
th Service
830
S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029931

STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 280 Primary Registration District No. 5964 6-9-6-6- Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Parkville — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at home — Length of stay in 1b 87 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Platte
c. CITY OR TOWN Parkville 0830 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R-1-Bx 303 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Weston Last Harrington

4. DATE OF DEATH Month Aug Day 9 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar-16-1871
9. AGE (In years (Last birthday)) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Worker
10b. KIND OF BUSINESS OR INDUSTRY Leather craft
11. BIRTHPLACE (City and state or country) Waldron Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jacob Harrington
13b. MOTHER'S MAIDEN NAME Martha Pierce
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Lilburn Fox Address R-1-Bx 303 Parkville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic cerebral vessels — 10 yrs
DUE TO (c) 331X
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 28, 58, to Aug 7, 58 and last saw her/him alive on Aug 7, 58
Death occurred at Aug 9, 1958 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A C Thurman MD
22b. ADDRESS 11 E 1st Parkville, Mo
22c. DATE SIGNED Aug 12, 58

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE Aug. 12-58
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) Parkville (State) Mo

24. FUNERAL DIRECTOR Leland H Francis ADDRESS Parkville Mo
25. DATE RECD. BY LOCAL REG. Aug 12. 1958
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

57
0

AUG 1958
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By

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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville

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.