

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033921

STATE FILE NUMBER

FILED SEP 23 1958

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 351

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | | |
|---|----------------------------------|---|--|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY St. Francois | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Farmington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 Maple | | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) 604 Maple | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) IRENE First A Middle HARRINGTON Last | | | | 4. DATE OF DEATH Sept 18, 1958 Month Sept Day 18 Year 1958 | | | | |
| 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 Oct. 9, 1901 | | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Month 11 Days 9 | IF UNDER 24 HRS. Hours 11 Min. 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Farmington, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Alfred Miller | | | | 14. MOTHER'S MAIDEN NAME Alice Chandler | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 491-30-5088 | | 17. INFORMANT Address Mrs Mary Mayberry, Farmington, Mo. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Pulmonary Decompensation | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 30 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Coronary heart disease w/ infarction | | DUE TO (c) Chronic hypertension | | | 15 yrs. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | | | | 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.) | | | | | |
| 20c. TIME OF INJURY Hour 8:38 a. m. A.M. Month, Day, Year | | | | | | | | |
| 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 |
| 21. I attended the deceased from Jan 47 to Sept 13, 58 and last saw her ^{her} _{from} alive on 9-13-58 . Death occurred at 8:38 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) D. O. | | | | 22b. ADDRESS Farmington, Mo. | | | 22c. DATE SIGNED 9-18-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 9/21/58 | 23c. NAME OF CEMETERY OR CREMATORY K-P Cemetery | | 23d. LOCATION (City, town, or county) (State) Farmington, Missouri | | | |
| 24. FUNERAL DIRECTOR ADDRESS Miller Funeral Home, Farmington, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Sept. 18, 1958 | | 26. REGISTRAR'S SIGNATURE Esther Rudloff | | |

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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 em
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Paul K. Deegal* _____

Licensed Embalmer No. *412*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.