

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017744

STATE FILE NUMBER

FILED MAY 21 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2155

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 E. 8th. Pk. Lot.		Length of stay in lb 10 yrs.	d. STREET ADDRESS (If outside, give location) 600 WALNUT
3. NAME OF DECEASED (Type or print) First EDWARD Middle HARRINGTON Last		4. DATE OF DEATH Month 4 Day 29 Year 59	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH OCT. 13, 1906
9. AGE (In years) 52		IF UNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) MARQUAND - MO.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JAMES HARRINGTON	
13b. MOTHER'S MAIDEN NAME POLLY BAYS		14. NAME OF HUSBAND OR WIFE FRANK HARRINGTON - ROBINSON - ILL.	
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. 496-12-9335	17. INFORMANT FRANK HARRINGTON - ROBINSON - ILL.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strokes & Hemorrhage resulting from subdural hemorrhage & deep laceration of face			INTERVAL BETWEEN ONSET AND DEATH 45
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) apparently fell from wall		
20c. TIME OF INJURY Hour 7:20 a.m. Month, Day, Year 4-29-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Parking lot	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson	123	STATE MO
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Eric C. Kealhofer (Degree or title)		21b. ADDRESS 6627 Prospect St. MO	21c. DATE SIGNED 4-29-59
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal	22b. DATE 4-30-59	22c. NAME OF CEMETERY OR CREMATORY MITCHELL - CEM - MITCHELL - MO	22d. LOCATION (City, town, or county) (State) MO
24. FUNERAL DIRECTOR H. TIGERMAN & SON'S		25. DATE RECD. BY LOCAL REG. 4-30-59	26. REGISTRAR'S SIGNATURE Neva Marshall

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Geo. C. Kealhofer

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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 *J. P. Roy Mooney*

Licensed Embalmer No. *4776*

P. O. Address *K. P. 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.