

**FEDERAL BUREAU OF INVESTIGATION
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URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-59-047124

FILED VS MAY 2 1960

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		Length of stay in 1b days	c. CITY OR TOWN Waynesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle THOMAS Last HARRINGTON			4. DATE OF DEATH Month August Day 14 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/74	9. AGE (last birthday) 84	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher, retired		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (City and state or country) Tarkio City, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Daniel Harrington		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE Maude		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Yes (unknown)	17. INFORMANT Mrs. Maude Harrington Address Waynesville			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Vascular renal disease					unknown	
DUE TO (c) arterio sclerosis					unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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	
21. I attended the deceased from <u>7-30-59</u> to <u>8-14-59</u> and last saw ^{him} live on <u>8-14-59</u> Death occurred at <u>1 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS Waynesville, Missouri		22c. DATE SIGNED 8-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		23d. LOCATION (City, town, or county) Rolla, Missouri	(State)	
24. FUNERAL DIRECTOR Paul E. Hull Address Rolla, Missouri		25. DATE RECD. BY LOCAL REG. 4-23-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 2 1960

STATEMENT BY LICENSED EMBALMER

MAY 13 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Mose

Licensed Embalmer No. 4896

P. O. Address Waynesville

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