

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025455
STATE FILE NUMBER

FILED VS JUN 20 1960
Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u> Length of stay in 1b <u>6 yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>Marshall</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>325 N Vorhees</u> Resides on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>325 N Vorhees</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>IRVIN</u> Middle <u>BOONE</u> Last <u>HARRINGTON</u>	4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1960</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-12-1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
--------------------	-------------------------------	---	-----------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe Morgan Co, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	--	---	--

13a. FATHER'S NAME <u>Beniamine Harrington</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Silvey Harrington</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Harrington</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-10-1672</u>	17. INFORMANT <u>Floyd Harrington</u> Address <u>325 N Vorhees</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pancreatitis</u> DUE TO (b) <u>Rect obstruction</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>4 weeks</u>
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 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 _____ a.m. _____ p.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 1958 to June 15, 1960 and last saw him live on June 15, 1960
 Death occurred at Home on 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Marshall, Missouri</u>	22c. DATE SIGNED <u>June 16, 1960</u>
---	--	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-18-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Cemetery</u>	23d. LOCATION (City, town, or county) <u>Marshall, Missouri</u> (State)
---	----------------------------	--	---

24. FUNERAL DIRECTOR <u>Sweeney-Roser Funeral Home, Marshall</u> ADDRESS <u>6-18-'60</u>	25. DATE RECD. BY LOCAL REG. _____	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
--	------------------------------------	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 Jack W. Reser

Licensed Embalmer No. 4643

P. O. Address Missouri

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