

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009600

STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 4

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| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u> | | Length of stay in 1b <u>48 das.</u> | c. CITY OR TOWN <u>Weston</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>R. #1</u> |

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|---|----------------------------------|---|--|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>Ann</u> Last <u>Harris</u> | | | 4. DATE OF DEATH Month <u>Mar.</u> Day <u>22</u> Year <u>1961</u> | | |
| 5. SEX <u>Female</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>3/30/82</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Waldron, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Francis Luther Harrington</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Denton</u> | 14. NAME OF HUSBAND OR WIFE <u>John</u> | |

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| 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>----</u> | 17. INFORMANT <u>Mo. State San. Medical Records, Mt. Vernon Mo.</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> | | <u>sudden</u> |
| DUE TO (b) <u>coronary thrombosis</u> | | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary tuberculosis far adv. active</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown |
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| 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 2/3/61 to 3/22/61 and last saw ^{her} ~~me~~ alive on 3/22/61
Death occurred at 5:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>A. Vernon Langstetter M. D.</u> | 22b. ADDRESS <u>Mt. Vernon, Missouri</u> | 22c. DATE SIGNED <u>3/22/61</u> |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>3-22-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Weston Cemetery Weston Mo.</u> |
| 23d. LOCATION (City, town, or county) | 25. DATE RECD. BY LOCAL REG. <u>Mar. 22-1961</u> | |
| 24. FUNERAL DIRECTOR <u>Vaughn F Home Weston Mo</u> | 26. REGISTRAR'S SIGNATURE <u>W D Fossett</u> | |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed H. L. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Va

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.