

STANDARD CERTIFICATE OF DEATH

5586

State File No.

 BIRTH NO. FILED MAR 9 - 1953 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 24

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) FOR TOWN <u>Clinton mo 0422</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 W Franklin</u> | | d. STREET ADDRESS (If rural, give location) <u>303 W Franklin</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ELIZABETH</u> | b. (Middle) <u>CLARISA</u> | c. (Last) <u>HARRINGTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>MAR 3 1953</u> |

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|----------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u> | 8. DATE OF BIRTH <u>4/22/1883</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Cedars mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Gene Harrington</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Moore</u> | 14. NAME OF HUSBAND OR WIFE <u>Herbert F Harrington</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-30-9192</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Coleora Desanderfer</u> ADDRESS <u>Pittsfield, Illinois</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. : DUE TO (b) _____ DUE TO (c) <u>4201</u> | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dieticulae of the colon</u> | | |

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| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 5/29, 1952, to 3/3, 1953, that I last saw the deceased alive on 3/3, 1953 and that death occurred at 8 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>S. S. Hopkins M.D.</u> (Degree or title) | 23b. ADDRESS <u>Clinton Mo</u> | 23c. DATE SIGNED <u>3/5/53</u> |
|--|--------------------------------|--------------------------------|

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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/6 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Garden City mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar. 6 53</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conrader</u> ADDRESS <u>Clinton Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

422

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
Student Embalmer

Signed

J. E. Conrad

Licensed Embalmer No. *1891*

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.

3. 2. 1918