

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004618  
STATE FILE NUMBER

XC-14300115  
REG. # 15773

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 205

300  
-57  
0

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PEMISCOT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>HOLLAND</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		d. STREET ADDRESS <b>NONE</b>	
3. NAME OF DECEASED (Type or print) First <b>CLYDE</b> Middle <b>VESTER</b> Last <b>HARRINGTON</b>		4. DATE OF DEATH <b>FEBRUARY 11, 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-24-06</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>	11. BIRTHPLACE (City and state or country) <b>YARBRO, ARKANSAS</b>
13a. FATHER'S NAME <b>LARK HARRINGTON</b>		13b. MOTHER'S MAIDEN NAME <b>IDA FENTRESS</b>	14. NAME OF HUSBAND OR WIFE <b>MILDRED HARRINGTON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WWII</b>		16. SOCIAL SECURITY NO. <b>491162885</b>	17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE WITH AORTIC STENOSIS AND INSUFFICIENCY.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>13 Years.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4200
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? <b>NO</b>
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. <b>VA</b> attended the deceased from <b>Feb. Jan. 18, 1958</b> , to <b>Feb. 11, 1958</b> and on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <b>5:05 P.M.</b>			
22a. SIGNATURE (Degree or title) <b>R. D. TURNER, M.D., Actg. Chief, Med. Svc.</b>		22b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>	22c. DATE SIGNED <b>2-12-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB. 16, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT ZION Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Steele Mo.</b>
24. FUNERAL DIRECTOR <b>HOWARD FUNERAL SERVICE</b>		ADDRESS <b>Blytheville ARK</b>	25. DATE RECD. BY LOCAL REG. <b>2/22/58</b>
		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in terms of - No symptoms - All diseases in Part I must be causally related.

RECEIVED

FEB 24 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

FEB 28 1958

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 W. H. Howard \_\_\_\_\_

Licensed Embalmer No. 3959

P. O. Address Blytheville, Ar.

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.