

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025532

STATE FILE NUMBER

3644

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

5. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN PARKVILLE 0830	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		d. STREET ADDRESS (If outside, give location) RTE 2 BOX 27	
Length of stay in 1b 5 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First CAMPBELL	Middle B.	Last HARRINGTON	4. DATE OF DEATH	Month July	Day 28,	Year 1958
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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 September 23, 1896	9. AGE (In years last birthday) 61	FUNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Waldron, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elisha Walter Harrington	13b. MOTHER'S MAIDEN NAME Emma Noland	14. NAME OF HUSBAND OR WIFE Ella HARRINGTON
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 496 16 4300	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.
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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: IMMEDIATE CAUSE (a) Bronchopneumonia, R&LLL		INTERVAL BETWEEN ONSET AND DEATH 203X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia		
DUE TO (c) Multiple myeloma		
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 checked="" type="checkbox"/> NO <input 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 g.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from July 23, 1958 to July 28, 1958 and ~~examined~~ him.
Death occurred at 11:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. TURNER, M.D. (Title)	22b. ADDRESS VA Hospital Kansas City, Mo.	22c. DATE SIGNED 7-28-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE July-29-1958	23c. NAME OF CEMETERY OR CREMATORY NOHARD CEMETERY	23d. LOCATION (City, town, or county) (State) PARKVILLE, MO.
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24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 7-29-58	26. REGISTRAR'S SIGNATURE neva minshall
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.



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

[Handwritten signature: Harold B. Colter]

Licensed Embalmer No. 3035

P. O. Address [Handwritten address]

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.