

FILED APR 1 1950

## STANDARD CERTIFICATE OF DEATH

11597

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 38

1. PLACE OF DEATH <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston Sikeston</b>	c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gray Ridge</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Rita Comm. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1030</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Isaac</b> b. (Middle) <b>Lee</b> c. (Last) <b>Harlan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 17, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 30, 1873</b>	9. AGE (In years last birthday) <b>77</b> if UNDER 1 YEAR Months <b>1</b> Days <b>15</b> if UNDER 24 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Wayne County, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Isaac Harlan</b>	13b. MOTHER'S M maiden NAME <b>Harriet Berry</b>	14. NAME OF HUSBAND OR WIFE <b>Fayla Harlan</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>White</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Self-Isaac Lee Harlan</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>151X</b>

19a. DATE OF OPERATION	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)	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)	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 3-14, 1950, to 3-17, 1950, that I last saw the deceased alive on 2-17, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. J. J. ...</b>	23b. ADDRESS <b>Morehouse Mo</b>	23c. DATE SIGNED <b>3-22-50</b>
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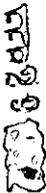
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-19-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Idalia cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Idalia, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 22-50</b>	REGISTRAR'S SIGNATURE <b>Mrs Ella Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser.</b>	ADDRESS <b>Dexter, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 2  
District Health Office  
Room 35  
Baltimore



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

Raymond L. Duffie, Student Embalmer No. 361

working under my personal supervision.

Student Raymond L. Duffie  
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, Md.

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.