

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33036**

FILED OCT 23 1951

BIRTH NO. _____ REG. DIST. NO. **84** PRIMARY REG. DIST. NO. **5319** Registrar's No. **25**

270
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Otterville Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Otterville Twp. 0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles NW of Otterville		d. STREET ADDRESS (If rural, give location) 3 miles NW of Otterville	

3. NAME OF DECEASED (Type or Print) GEORGE WILLIAM HARLAN			4. DATE OF DEATH Oct. 11, 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 22, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10 Days 19	IF UNDER 24 HRS. 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 same	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George W. Harlan	13b. MOTHER'S MAIDEN NAME Susan Strait	14. NAME OF HUSBAND OR WIFE Birdie Harlan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME J.C. Miller, Columbia, Mo	ADDRESS Columbia, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General changes due to senility, Gradual onset.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		ONSET Brain
	DUE TO (b) Arterio-sclerosis, general and marked affected, with mental aberrations. Not insane.		
	DUE TO (c) Hypotension, asthma.		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	A general decline, gradual onset.		

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION No operation.	20. AUTOPSY? 306X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No to all.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No injury.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury.
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22. I hereby certify that I attended the deceased from **Occasionally** for **past several years** and I last saw the deceased alive on **October 10, 1951**, and that death occurred at **2-A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE J.P. Prader, M.D. (Degree or title)	23b. ADDRESS 112 West 4th Street, Sedalia, Mo.	23c. DATE SIGNED 10-11-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 13, 1951	24c. NAME OF CEMETERY OR CREMATORY F.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Otterville, Mo
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DATE REC'D BY LOCAL REG. Oct. 12, 1951	REGISTRAR'S SIGNATURE Hellie Threllett	73	25. FUNERAL DIRECTOR'S SIGNATURE Hays - Painter, Otterville, Mo	ADDRESS
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RECEIVED OCT 22 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 22 1951

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Centon E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove

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.