

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34704

State File No.

FILED NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salt Spring Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Salt Spring Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Huntsville, R.R.#1</u>		d. STREET ADDRESS (If rural, give location) <u>Huntsville, R.R.#1</u> <u>0880</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ural</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Harlan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 23, 1894</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Pom Harlan</u>	
13b. MOTHER'S MAIDEN NAME <u>Loula Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lillian Harlan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ural Harlan; Huntsville, Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho-Sarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases to Lungs</u> DUE TO (c) <u>started in abdominal glands</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> <u>2002</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Lympho sarcoma (Biopsy)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>July 10, 1951</u> , to <u>Oct 18, 1951</u> , that I last saw the deceased alive on <u>Oct 18, 1951</u> , and that death occurred at <u>10p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M.D. Dreyer M.D.</u>		23b. ADDRESS <u>Huntsville Mo.</u>	23c. DATE SIGNED <u>10/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-22-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 27-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. D.A. Baruhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.B. Patton Sons, Huntsville, Mo.</u>	

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

880

2024 6-14-1951

Date Received: OCT 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1935
Date Filed: OCT 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.