S. No. 300
. 10.48

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

FILED DEC 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38083

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: Macon County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon, Mo.
c. LENGTH OF STAY (In this place): 4 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence, Mo. 1020 1
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): DELLY
b. (Middle): LEE
c. (Last): HARLAN

4. DATE OF DEATH (Month) (Day) (Year): 11-12-1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Marroed 1
8. DATE OF BIRTH: 11-13-1897
9. AGE (In years last birthday): 53 — If under 1 year: Months 11, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor M. D.
10b. KIND OF BUSINESS OR INDUSTRY: Medical
11. BIRTHPLACE (State or foreign country): Randolph Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James F. Harlan
13b. MOTHER'S MAIDEN NAME: Mary Frazier
14. NAME OF HUSBAND OR WIFE: Kathryne Harlan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World # 1
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Kathryne Harlan, Clarence — ADDRESS

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) Malignant Cardio-Vascular Renal Dis. — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocardial Decompensation — 4 Days

DUE TO (c) and Uremia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 441 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20, 1951, *to* Nov 12, 1951, *that I last saw the deceased alive on* Nov 12, 1951, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard Miller (Degree or title) M.D.
23b. ADDRESS: Macon
23c. DATE SIGNED: 11/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 16
24c. NAME OF CEMETERY OR CREMATORY: Maplewood Cemty.
24d. LOCATION (City, town, or county) (State): Clarence, Mo.

DATE REC'D BY LOCAL REG.: 11-19-51
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Barkelew-Hawkins, Clarence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11.28.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.57.194
Date Filed 12.3.51

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed C W Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Shelburne 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.