

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38485

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6012 Registrar's No. 41

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) <u>Rural--Chariton Twp.</u>		c. LENGTH OF STAY (in this place) <u>77 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural--Chariton Township</u>		d. STREET ADDRESS (If rural, give location) <u>Clifton Hill, Rural Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clifton Hill, Rural Route</u>			
3. NAME OF DECEASED a. (First) <u>George</u> (Type or Print)		b. (Middle) <u>Luther</u>	
c. (Last) <u>Harlan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 10, 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>May 2, 1874</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Randolph Co., Missouri</u>
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>farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Isaac Newton Harlan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sears</u>	
14. NAME OF HUSBAND OR WIFE <u>Flora Harlan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flora E. Harlan, Clifton Hill</u>		ADDRESS <u>Clifton Hill</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy</u> <u>10 yrs.</u> DUE TO (c) 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 <u>610x</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) (m.)		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>JUNE 5, 1949</u> , to <u>NOV. 10, 1951</u> , that I last saw the deceased alive on <u>NOV. 10, 1951</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. Noel Rains D.O.</u>		23b. ADDRESS <u>Clifton Hill</u>	
23c. DATE SIGNED <u>11-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cumberland Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>North of Thomas Hill, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-17-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. L.A. Bernhart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Patton Sons, Huntville, Mo.</u>		ADDRESS <u>Huntville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

VS
JUL 20 1951

Date Received: NOV 20 1951
DISTRICT HEALTH OFFICE #
District File Number 11-57-2
Date Filed: NOV 20 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.