

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13944**

FILED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY ST CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West ALTON	
c. LENGTH OF STAY (in this place) 2 DA.		d. STREET ADDRESS (If rural, give location) T. T. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH'S HOSPITAL			

3. NAME OF DECEASED a. (First) DANIEL b. (Middle) HARRY c. (Last) HARLOW			4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 22 - 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) INDIANA		12. CITIZEN OF WHAT COUNTRY U. S

13a. FATHER'S NAME ALBERT HARLOW		13b. MOTHER'S MAIDEN NAME ELIZA BANTAM		14. NAME OF HUSBAND OR WIFE FREDERICA HARLOW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Frederick Harlow ADDRESS WEST ALTON MO.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis senile ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause, last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Hypertrophic prostatic adenoma Conditions contributing to the death but not related to the disease or condition causing death. hemiparesis			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **4-17**, 19**52**, to **4-18**, 19**52**, that I last saw the deceased alive on **4-17**, 19**52**, and that death occurred at **3 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Coats (Degree or title) W. D.		23b. ADDRESS Dr. Coats, Mo		23c. DATE SIGNED 4-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-21-52		24c. NAME OF CEMETERY OR CREMATORY ALTON CITY		24d. LOCATION (City, town, or county) (State) ALTON ILL.	
DATE REC'D BY LOCAL REG. 4-21-52		REGISTRAR'S SIGNATURE Hannie Hamerton		25. FUNERAL DIRECTOR'S SIGNATURE Olson ADDRESS 603 Henry			

alton 24

AUG 14 1957

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.....

Barry L. Lewis

Licensed Embalmer No. 5796

P. O. Address Altos 24

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.