

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15956

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bronville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Pilot Grove Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>BASCOM</u> c. (Last) <u>HARLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20-1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 27 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Alexander Harlan</u>		13b. MOTHER'S MAIDEN NAME <u>Ellie Calderin</u>		14. NAME OF HUSBAND OR WIFE <u>Dale Harlan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495 36 701</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jane Harlan</u> ADDRESS <u>Bronville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of coronary arteries unknown</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>6 years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 May 18, 1952, to May 20, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>K. Kuehlmann M.D.</u>	23b. ADDRESS <u>Bronville Mo</u>	23c. DATE SIGNED <u>5-22-52</u>
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24a. BURIALS, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May-22-52</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Pilot Grove Cem.</u>	24d. LOCATION (City, town or county) (State) <u>Pilot Grove - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 22-1952</u>	REGISTRAR'S SIGNATURE <u>D. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes & Coater - Pilot Grove Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Rayton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Me

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.