

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9134**

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4110** Registrar's No. **38**

0210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION East 2nd St.		d. STREET ADDRESS (If rural, give location) East 2nd St.	

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Lawson c. (Last) Harlan	4. DATE OF DEATH (Month) (Day) (Year) April 8 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 29 1867	9. AGE (In years last birthday) 85	# UNDER 1 YEAR Month Days Hours	# UNDER 24 HRS. Mis.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and State or Foreign Country) Thomas Hill Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lee Smith Harlan	13b. MOTHER'S MAIDEN NAME Sena Doak	14. NAME OF HUSBAND OR WIFE Susie Chichard Harlan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs I.L. Harlan	ADDRESS Salisbury Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from **4-6**, 19**53**, to **4-8**, 19**53**, that I last saw the deceased alive on **4-8**, 19**53**, and that death occurred at **6:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. Woodruff D.O.	23b. ADDRESS Clinton Hill	23c. DATE SIGNED 4-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/10/53	24c. NAME OF CEMETERY OR CREMATORY Prairie Valley Cem.	24d. LOCATION (City, town, or county) (State) Salisbury Mo
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DATE REC'D BY LOCAL REG. 4-9-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Salisbury Mo
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FEB 10 1958

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.