

No. 300  
30-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22112

State File No. \_\_\_\_\_

FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. 30

570  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lincoln</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Clark Twp)</u> ) |  | c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Clark Twp)</u> <u>0570</u><br><u>0</u>                        |  |
| c. LENGTH OF STAY (In this place) <u>70 yrs</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Farm Residence</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Residence</u>                                 |  |  |  |

|                                     |                           |                         |                                       |  |  |
|-------------------------------------|---------------------------|-------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) |                           |                         | 4. DATE OF DEATH (Month) (Day) (Year) |  |  |
| a. (First) <u>Joseph</u>            | b. (Middle) <u>Jerome</u> | c. (Last) <u>Harlan</u> | <u>July 8, 1953.</u>                  |  |  |

|                             |                               |  |                                       |   |                                  |                                |                                |
|-----------------------------|-------------------------------|--|---------------------------------------|---|----------------------------------|--------------------------------|--------------------------------|
| 5. SEX <u>Male</u> <u>0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>Sept, 5, 1907</u> | 9. AGE (In years last birthday) <u>85</u> | 10. UNDER 1 YEAR <u>0</u> Months | 11. UNDER 1 HR. <u>0</u> Hours | 12. UNDER 1 MIN. <u>0</u> Min. |
|-----------------------------|-------------------------------|--|---------------------------------------|---|----------------------------------|--------------------------------|--------------------------------|

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 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>Farm Stock &amp; Grain</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Indiana. /</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |  |
|---|--|---|--|---|--|--|--|

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Frances Marion Harlan</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Oldfield</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Cox Harlan</u> |  |  |  |
|---|--|--|--|---|--|--|--|

|   |  |                                     |  |  |  |  |  |
|---|--|-------------------------------------|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>None</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. M. Harlan Troy, Missouri (Son)</u> |  |  |  |
|---|--|-------------------------------------|--|--|--|--|--|

|  |  |   |  |  |  |  |   |  |
|--|--|---|--|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shattered 2nd Cervical Vertebra</u>  |  | DUE TO (b) <u>Gunshot Wound (Self-Inflicted)</u>  |  |  |  |  |   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c) _____  |  |  |  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS <u>976X</u>   |  | Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |   |  |

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>None</u> |  | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------------------|--|--|--|--|--|--|--|

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u> (Specify) |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clark Twp. Lincoln Co. Missouri</u> |  |  |  |
|---|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 8, 1953:AM</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>.38 Cal. Revolver in Self - Inflicted Mouth.</u> |  |  |  |
|--|--|--|--|--|--|--|--|

22. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, and that death occurred at \_\_\_\_\_ on \_\_\_\_\_.

|  |  |                                     |  |                                |  |
|--|--|-------------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE <u>Joseph J. Marsh</u> <u>3</u> Coroner (Degree or title) |  | 23b. ADDRESS <u>Troy, Missouri.</u> |  | 23c. DATE SIGNED <u>7/9/53</u> |  |
|--|--|-------------------------------------|--|--------------------------------|--|

|   |  |                          |  |   |  |   |  |
|---|--|--------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>7/10/53</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u> |  |
|---|--|--------------------------|--|---|--|---|--|

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>7-11-53</u> |  | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> <u>62</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper Funeral Home Troy, Missouri.</u> |  |  |  |
|---|--|---|--|---|--|--|--|

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, XXY

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.