

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24845

State File No. 3236

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo</u>	
3. NAME OF DECEASED a. (First) <u>EDWIN</u> b. (Middle) <u>T.</u> c. (Last) <u>HARLOW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 1953</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>Jan. 19, 1869</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer retired</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>
13a. FATHER'S NAME <u>William Harlow</u>		13b. MOTHER'S MAIDEN NAME <u>Pamilia Fillberry</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Harlow</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Otto</u>		ADDRESS <u>Kingston 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia left lower lobe</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) " DUE TO (c) " II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inter trochanteric fracture</u>	
19. DATE OF OPERATION <u>June 16-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inter trochanteric fracture RT Hip</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.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>013</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 15 1953 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell in Home</u>		22. I hereby certify that I attended the deceased from <u>June 15, 1953</u> , to <u>June 24, 1953</u> , that I last saw the deceased <u>alive on June 24, 1953</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Carl H. Brust</u>		23b. ADDRESS <u>106 W 14th St K.C. Mo</u>	
23c. DATE SIGNED <u>June 24-53</u>		23d. SIGNATURE (Degree or title) <u>M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-26-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kingston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-25-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark</u>		ADDRESS <u>Kingston, Mo.</u>	

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

0900
11-13-66

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Erasmus Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.