

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2339**

No. 300
10.48

BIRTH **FILED FEB 4 1954** REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5948** Registrar's No. **4**

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pike | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Ashley) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green | |
| c. LENGTH OF STAY (In this place) 1 day | | d. STREET ADDRESS (If rural, give location) RFD # 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mi. South of Ashley | | | e. LENGTH OF STAY (In this place) |
| 3. NAME OF DECEASED (Type or Print) Roy Franklin Harlow | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1954 | |
| a. (First) | b. (Middle) | c. (Last) | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct 1 1890 |
| 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months 3 Days 24 | IF UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | |
| 11. BIRTHPLACE (City and State or Foreign Country) Bowling Green, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Benjamin F Harlow | | 13b. MOTHER'S MAIDEN NAME Lula Carter | |
| 14. NAME OF HUSBAND OR WIFE Alta Pearl Harlow | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No | |
| 16. SOCIAL SECURITY NO. 499 05 9056 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lucille Young, Ashley, Mo. | |
| MEDICAL CERTIFICATION | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | 19. INTERVAL BETWEEN ONSET AND DEATH ? |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION 4201 | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Jan 25, 1954</u>, and that death occurred at <u>9 A</u> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) J. O. Mudd Coroner 3 | | 23b. ADDRESS Bowling Green Mo. | |
| 23c. DATE SIGNED Jan 26-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Jan 27 54 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion | |
| 24d. LOCATION (City, town, or county) (State) RFD Bowling Green, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. O. Mudd Bowling Green, Mo. | |
| DATE REC'D BY LOCAL REG. 1-28-54 | | REGISTRAR'S SIGNATURE Bill Robinson | |

FEB 8 1911

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

James C. Meuld

Licensed Embalmer No. *4152*

P. O. Address *Beaulieu Haven 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.