

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9402

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

FILED APR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LANNIBAL</u> 0644	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1303 COLLIER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1303 COLLIER ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>ROY</u> c. (Last) <u>HARLOW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-24-1954</u>		
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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>JULY 10, 1890</u>		9. AGE (In years last birthday) <u>63</u> If under 1 year: Months _____ Days _____ If under 12 hrs. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>492-24-3490</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE CO., MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>JOSEPH N. HARLOW</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA STROTHER</u>			14. NAME OF HUSBAND OR WIFE <u>SUSAN V. HARLOW</u>		
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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>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ma Susan Harlow - Hannibal, Mo</u>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH	
		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.							

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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Collier, M.D.</u>		23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>March 26, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRAND VIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LANNIBAL, MO</u>	
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DATE REC'D BY LOCAL REG. <u>3/26/54</u>		REGISTRAR'S SIGNATURE <u>W. J. Collier Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Clark - Hannibal, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 31 1936  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 31 1936

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 Ralph Clark

Licensed Embalmer No. 4214

P. O. Address Hannibal, 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.