No. 300
10.48

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

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18592

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 20-2 Registrar's No. 564

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1537 Benton
0396

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): EDWARD
c. (Last): HARLOW

4. DATE OF DEATH (Month) June (Day) 13, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 22 Feb. 1938
9. AGE (In years last birthday): 17
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: In School
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William E. Harlow
13b. MOTHER'S MAIDEN NAME: Mary M. Montgomery
14. NAME OF HUSBAND/OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 497-38-2372
17. INFORMANT'S SIGNATURE OR NAME: William E. Harlow
ADDRESS: Springfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull with Massive Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr-35 min

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
20. AUTOPSY? YES ☐ NO ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): automobile
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): US Hgy. 60
21c. (CITY, TOWN, OR TOWNSHIP): Springfield (COUNTY): Greene 13 (STATE): MO
21d. TIME OF INJURY (Month) 6 (Day) 13 (Year) '54 (Hour) P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile turned over

22. *I hereby certify that I attended the deceased from* 6/13, 1954, *to* 6/13, 1954, *that I last saw the deceased alive on* 6/13, 1954, *and that death occurred at* 6:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible]
(Degree or title): M.D.
23b. ADDRESS: Springfield, Mo
23c. DATE SIGNED: 6/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-16-1954
24c. NAME OF CEMETERY OR CREMATORY: Eastlawn Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 6-16-54
REGISTRAR'S SIGNATURE: Faith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Dwi Clinger & Co.
ADDRESS: Springfield, Missouri
(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.