

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36687**

BIRTH NO. _____		REG. DIST. NO. 44		PRIMARY REG. DIST. NO. 4060		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Caldwell			
b. CITY OR TOWN Breckenridge		c. LENGTH OF STAY (in this place) 7 years		c. CITY OR TOWN Breckenridge		0/30	
d. FULL NAME OF HOSPITAL OR INSTITUTION Breckenridge city limits				d. STREET ADDRESS (If rural, give location) Breckenridge city limits			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle)		c. (Last) HARLOW	
4. DATE OF DEATH 11/13/1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 5/9/1874		9. AGE (in years last birthday) 80	
5. SEX male		6. COLOR OR RACE white		11. BIRTHPLACE (State or foreign country) Caldwell Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY retired		14. NAME OF HUSBAND OR WIFE Ida Mae Harlow			
13a. FATHER'S NAME Richard Harlow		13b. MOTHER'S MAIDEN NAME Elizabeth McCubbin		17. INFORMANT'S SIGNATURE OR NAME Emmett Potts, Breckenridge, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. ADDRESS Breckenridge, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack 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) Sclerosis of Valves of Heart 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4343	
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 Nov 13, 1954 , and that death occurred at 9 P m. , from the causes and on the date stated above.							
23a. SIGNATURE W. J. Swoof Coroner (Degree or title)				23b. ADDRESS Polo 170		23c. DATE SIGNED 11-15-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/15/1954		24c. NAME OF CEMETERY OR CREMATORY Rose Hill cemetery		24d. LOCATION (City, town, or county) (State) Breckenridge, Mo.	
DATE REC'D BY LOCAL REG. 11-26-54		REGISTRAR'S SIGNATURE 499-0 Mrs. L. A. ...		25. FUNERAL DIRECTOR'S SIGNATURE Gene C. Michael, Braymer, Mo. ADDRESS			

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

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

Geneb. Michael

Licensed Embalmer No.

4340

P. O. Address

Brauners, 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.