

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 143

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mexico) | c. LENGTH OF STAY (in this place) 0 (township) 1 week | c. CITY OR TOWN Centralia | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Audrain County Hospital | | e. STREET ADDRESS (If rural, give location) 448 South Jenkins | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Hallie | b. (Middle) Mabel | c. (Last) Harlow | 4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1955 |
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| 5. SEX Female | 6. COLOR OR RACE Caucasian | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 6, 1886 | 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR 0 MONTHS 17 HOURS 1 MIN. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME William R. Utley | 13b. MOTHER'S MAIDEN NAME Mary Bishop | 14. NAME OF HUSBAND OR WIFE Carl Russell Harlow (Dec) |
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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) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Imogene Palmer | ADDRESS Columbia, Mo. |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes | | 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. Carcinoma Colon? | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) | 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 7-15-1955, to 7-23-1955, that I last saw the deceased alive on 7-23, 1955, and that death occurred at 24 m., from the causes and on the date stated above.

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| 23a. SIGNATURE Frank Jolley (Degree or title) M.D. | 23b. ADDRESS Mexico Mo | 23c. DATE SIGNED 7/25/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE July 25, '55 | 24c. NAME OF CEMETERY OR CREMATORY City of Centralia | 24d. LOCATION (City, town, or county) (State) Centralia, Mo. |
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| DATE REC'D BY LOCAL REG. July 25-1955 | REGISTRAR'S SIGNATURE Blanche Neely | 25. FUNERAL DIRECTOR'S SIGNATURE Pill G. Meador | ADDRESS Centralia, Missouri |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 4 1955

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.....
Signature of Student Embalmer

Signed *Bill J. Mendler*.....

Licensed Embalmer No. *48*.....

P. O. Address *Centralia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.