

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39608**

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>		c. CITY OR TOWN <u>Lamar</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				e. STREET ADDRESS (If rural, give location) <u>1002 Grand</u> <u>000/0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDITH</u>		b. (Middle) <u>ALLEN</u>		c. (Last) <u>HARKLESS</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>20</u>		(Year) <u>1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 25 1861</u>		9. AGE (in years last birthday) <u>94</u>	
IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Crawfordsville, Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>William Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Marmon</u>		14. NAME OF HUSBAND OR WIFE <u>T. W. Harkless</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XXX</u>		16. SOCIAL SECURITY NO. <u>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mabel Dilley, Lamar, Mo.</u>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Phosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>LAMAR Barton Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u> <u></u> <u></u> <u></u> <u></u>		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 <u>Dec 4</u> , 19 <u>55</u> , to <u>Dec 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 19</u> , 19 <u>55</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. D. Gledhill M.D.</u>				23b. ADDRESS <u>LAMAR Mo</u>		23c. DATE SIGNED <u>Dec 21 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 22 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>DEC 22 1955</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u> <u>19</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Konantz Funeral Home, Lamar, Missouri</u>			

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 *Norman R. Thompson*

Licensed Embalmer No. *481*

P. O. Address *Hawaii*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.