

FILED MAR 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5000

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3046 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY OR TOWN Trenton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 mos.		e. STREET ADDRESS (If rural, give location) 213 EAST 13th ST 0401	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12310th Street			

3. NAME OF DECEASED a. (First) Roy b. (Middle) HARLAN c. (Last) HARLAN		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1956	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 27, 1887
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sales		10b. KIND OF BUSINESS OR INDUSTRY owner	11. BIRTHPLACE (City and State or Foreign Country) CANTON, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rufus HARLAN	
13b. MOTHER'S MAIDEN NAME SARIE DAVIS		14. NAME OF HUSBAND OR WIFE ISAAC HARLAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 478-14-7917	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy HARLAN Trenton 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive vascular disease		11	
DUE TO (c) Gastrointestinal bleeding of undetermined origin		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 **Nov. 1955**, to **Feb 9, 1956**, that I last saw the deceased alive on **Feb 9, 1956**, and that death occurred at **10:11 AM**, from the causes and on the date stated above.

23a. SIGNATURE William L. Fair, M.D. (Degree or title)	23b. ADDRESS Chillicothe, MO	23c. DATE SIGNED 2/14/56
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE Feb. 12, 1956	24c. NAME OF CEMETERY OR CREMATORY PRINCETON Cem	24d. LOCATION (City, town, or county) (State) PRINCETON MO
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DATE REC'D BY LOCAL REG. 2/14/56	REGISTRAR'S SIGNATURE Frances B. Neice	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edson Blackmore Trenton, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1953

10-1-NH

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 *Harold Roberts*

Licensed Embalmer No. *492*

P. O. Address *Greenville, N.C.*

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.

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