

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14769

STATE FILE NUMBER 3943

FILED MAY - 8 1957

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No.

3943

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Missouri Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mt. Vernon Ill Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET (If outside, give location) Reside on Farm ADDRESS 1819 PACE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRED O. HARLOW			4. DATE OF DEATH Month Day Year 4/24/57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28-1904
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE STATION OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY SERVICE STATION	11. BIRTHPLACE (City and state or country) Mt. Vernon Ill
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME ED HARLOW	
14. MOTHER'S MAIDEN NAME Mary Blackenship		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. Unknown		17. INFORMANT Address MRS. FRED HARLOW Mt. Vernon Ill	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Acute coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis Coronary sclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4/19 to 4/24 and last saw ^{her} him alive on 4/24 Death occurred at about 5 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward Massey (Degree or title)		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 4/24/57		23. LOCATION (City, town, or county) (State) Mt. Vernon Illinois	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-25-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Mt. Vernon Illinois
24. FUNERAL DIRECTOR ADDRESS Myers Funeral Service Mt. Vernon Ill		25. DATE RECD. BY LOCAL REG. APR 25 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD mtb

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 *Frank Proff*

Licensed Embalmer No. *435*

P. O. Address *St. Louis, 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.