

FILED NOV 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38915**

BIRTH NO.		REG. DIST. NO. <b>353</b>		PRIMARY REG. DIST. NO. <b>6196</b>		Registrar's No. <b>23</b>	
1. PLACE OF DEATH a. COUNTY <b>Was</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Was</b>			
b. CITY OR TOWN <b>Was</b>		c. LENGTH OF STAY (in this place) <b>1 month</b>		c. CITY OR TOWN <b>Licking</b>		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				e. STREET ADDRESS (If rural, give location) <b>Man</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Richard</b> c. (Last) <b>Harlan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 26, 1957</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH (Month) (Day) (Year) <b>Oct 8, 1877</b>	
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wright, Ark</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Young Harlan</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Clark</b>		14. NAME OF HUSBAND OR WIFE <b>Janey Harlan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME <b>M. J. Harlan</b> ADDRESS <b>Licking Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; pulmonary arrest</b>					<b>2 years</b>
		ANTECEDENT CAUSES					
		DUE TO (b) <b>cachexia &amp; debilitation</b> DUE TO (c) <b>carcinomatous due</b>					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer of liver &amp; gall bladder</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION <b>bladder 1552</b>		21a. ACCIDENT (Specify) <b>SUICIDE</b>		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		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 <b>1955</b> , 19____, to <b>1957</b> , 19____, that I last saw the deceased alive on <b>Oct 26, 1957</b> , and that death occurred at <b>8:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B. J. Myers M.D.</b>				23b. ADDRESS <b>Licking, Mo</b>		23c. DATE SIGNED <b>11-6-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10/28/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Licking Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Licking MO</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 7, 1957</b>		REGISTRAR'S SIGNATURE <b>Mrs. Elvora Nesse</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith &amp; Ferguson</b> ADDRESS <b>Licking Mo</b>			

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Eubank Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Richmond*

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.