

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022251
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Rt. 1 Carl Junction	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin Gen. Hosp.		d. STREET ADDRESS 3 Miles N. Carl Junction	
Length of stay in lb DOA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Haward V. Harlan			4. DATE OF DEATH Month Day Year June 4, 1958		
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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 Oct. 12, 1908	9. AGE (In years last birthday) 49	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Merchant	10b. KIND OF BUSINESS OR INDUSTRY Gro. & Ser. Sta.	11. BIRTHPLACE (City and state or country) Walnut, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Roscoe Harlan	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Olinda Harlan
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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. 489-09-2494	17. INFORMANT Address Olinda Harlan Rt. 1 Carl Junction Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure		INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Advanced Myltiple Sclerosis	10 years
	DUE TO (c) 345X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Sept. 1948 to June 4, 1958 and last saw ^{her} him alive on June 4, 1958
Death occurred at 10:00A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. Estlin</i> (Degree or title) D.O. 2	22b. ADDRESS Carl Junction, Mo.	22c. DATE SIGNED 6-5-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-7-1958	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cemetery Joplin, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Roney Funeral Service Carl Junction, Mo.	25. DATE RECD. BY LOCAL REG. 6-12-1958	26. REGISTRAR'S SIGNATURE <i>Noel Merriam</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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County File Number 587-6-5-500
Date Filed JUN 18 1958

20-1-1-1

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 *Jack C. Simpson*
Licensed Embalmer No. *4647*
P. O. Address *Webb City, 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.