

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033715

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

373

S. 300

GILLESPIE FUNERAL HOME

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			Length of stay in lb 57 Years		d. STREET ADDRESS (If outside, give location) 902 S. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALAMANDER M. HARLAN				4. DATE OF DEATH Month Day Year September 25, 1958			
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 March 3, 1873		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge (Attorney)			10b. KIND OF BUSINESS OR INDUSTRY Probate Court	11. BIRTHPLACE (City and state or country) Danville, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jerry Harlan			13b. MOTHER'S MAIDEN NAME Sally Jane Hutchings		14. NAME OF HUSBAND OR WIFE Flora Potter Harlan		
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. 486-26-1884		17. INFORMANT Address Mrs. Flora Harlan, Sedalia, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma						INTERVAL BETWEEN ONSET AND DEATH 8 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hepatic failure with jaundice and hemorrhage	DUE TO (c) Cirrhosis of Liver					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac Decompensation						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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			
21. I attended the deceased from 19 August 58 to 25 September 58 and last saw him alive on 25 September 1958 . Death occurred at 12:33 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Stanley D. Fisher M.D.				22b. ADDRESS 5009. 16th Sedalia, Missouri		22c. DATE SIGNED 25 Sept. 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Crown Hill		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri			
24. FUNERAL DIRECTOR ADDRESS D. W. Heckart, Sedalia, Mo			25. DATE RECD. BY LOCAL REG. 9-26-1958		26. REGISTRAR'S SIGNATURE Frances Shelby		

6551-2-1-177

MAR 3 1961

OCT 28 1958

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 *D. L. Shaffer*

Licensed Embalmer No. *5063*
P. O. Address *Addis, 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.