...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033268
STATE FILE NUMBER

FILED VS SEP 21 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 298

...MENDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 55 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 321 East Walnut — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOSEPH Middle HENRY Last HARLAN
4. DATE OF DEATH: Month September Day 13 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: June 5, 1876
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - Railroad
10b. KIND OF BUSINESS OR INDUSTRY: M.K.T. Railway
11. BIRTHPLACE (City and state or country): S.Clifton City, Cooper County.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Harlan
13b. MOTHER'S MAIDEN NAME: Malinda Neal Harlan
14. NAME OF HUSBAND OR WIFE: Ella Mary Dozier Harlan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles Harlan - 321 E.Walnut, Sedalia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: One week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Interstitial CA of lungs
DUE TO (c) Carcinoma of Prostate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 11-18/58 to 9/12/59 and last saw him alive on 9/12/59
Death occurred at 6:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas J. Hopkins (Degree or title) M.D.
22b. ADDRESS Sedalia Mo
22c. DATE SIGNED 9/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia, Mo.

24. FUNERAL DIRECTOR ADDRESS: D.W. Heckart - Gillespie Funeral Home, Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 9-15-1959
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF GILLESPIE FUNERAL HOME SEDALIA, MISSOURI

DOCUMENT

SEP 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard D. Conn

Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.