

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017994

AMENDED **FILED MAY 29 1961** Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 258 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in lb <b>60 yrs</b>	c. CITY OR TOWN <b>Joplin</b> Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1611 Joplin St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>STANLEY</b> Last <b>HARLAN</b>			4. DATE OF DEATH Month <b>May</b> Day <b>20</b> Year <b>1961</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-31-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Conductor Missouri-Pacific R.R.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chesterfield, Ill.</b>	9. AGE (last birthday) <b>70</b>
13a. FATHER'S NAME <b>James W. Harlan</b>		13b. MOTHER'S MAIDEN NAME <b>Alma B. Harlan</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>Unk</b>	14. NAME OF HUSBAND OR WIFE <b>Millie M. Harlan</b>
17. INFORMANT <b>Mrs. Millie Harlan, 1611 Joplin Street</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion with Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>52 hours.</b>
DUE TO (b) <b>Hypertension with arterial sclerosis.</b>			Unknown.
DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <b>5:30 pm</b> Month, Day, Year <b>May 18</b>		20f. CITY, TOWN, OR LOCATION <b>Joplin, Mo.</b> COUNTY <b>Jasper</b> STATE <b>Missouri</b>	
20d. INJURY OCCURRED WHILE AT WORK <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.)	
21. I attended the deceased from <b>May 18</b> to <b>May 20</b> and last saw her/him alive on <b>May 20</b> Death occurred at <b>5:30 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>Kuhn, Jr., M.D.</b>		22b. ADDRESS <b>321 Frisco Building, Joplin, Mo.</b>	22c. DATE SIGNED <b>May 25, 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-23-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park,</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-1961</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 31 1961

JUN 17 1963

JUN 1 1961

**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 Harvey E. Arice

Licensed Embalmer No. 4463

P. O. Address Joplin 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.