MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-028786
STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 99

AMENDED

FILED AUG 22 1961

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Sheridan Twp. — Length of stay in 1b: 20 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4½ Mi. S.W. Gallatin — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Daviess
c. CITY OR TOWN: Rural Sheridan Twp. — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4½ Mi. S.W. Gallatin — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Stella — Middle: Mae — Last: Harlow

4. DATE OF DEATH: Month: August — Day: 8 — Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-27-1888
9. AGE (last birthday): 73 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Adair Co. Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles McDonald
13b. MOTHER'S MAIDEN NAME: Hannah Handley
14. NAME OF HUSBAND OR WIFE: O.E. Harlow

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.: unknown
17. INFORMANT — Address: O.E. Harlow, Gallatin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis with Cachexia Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: unknown
Cachectic state — 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ____
DUE TO (c): ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis generalized senility

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 7/7/61 to 8/7/61 and last saw her/him alive on 8/7/61
Death occurred at 9:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. D.
22b. ADDRESS: Gallatin, Missouri
22c. DATE SIGNED: 8/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-10-1961
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Gallatin, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG.: 17 Aug. 1961
26. REGISTRAR'S SIGNATURE: Virgil W. Engelhart

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

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_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin, T

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.