

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6990-62-028716 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6990**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962

VS 300 Rev. 4/59
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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G PHILLIPS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 5519 VERNON		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EMMETT Middle HARLAN Last HARLAN			4. DATE OF DEATH Month 7 Day 14 Year 1962			5. SEX MALE		6. COLOR OR RACE NEGRO		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 7-8-1909		9. AGE (last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		11. BIRTHPLACE (City and state or country) MACON, MISS.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME ANDREW HARLAN			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE EMMA PEARL HARLAN			Address		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO.			17. INFORMANT MRS EMMA PEARL HARLAN 5519 VERNON			Address		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular with gastric hemorrhage										INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		581.0					
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 checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year											
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Paul Simon Deputy Coroner						22b. ADDRESS 1303 Clark			22c. DATE SIGNED 7/16/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7-20-1962		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) ST. LOUIS Co. MO					
24. FUNERAL DIRECTOR LOVE UNDERTAKING Co. 3103 WASHINGTON				25. DATE RECD. BY LOCAL REG. JUL 16 1962		26. REGISTRAR'S SIGNATURE Red Smith, M.D.					

USE BLACK INK OR TYPEWRITER RIBBON

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 *Donald J. Jensen*
Licensed Embalmer No. 5011
P. O. Address 5064 Wells St. Harris 15110

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.