MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018087

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 531

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

5117
2n251

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3			
4	1		
5	1		
6			
7	0		
8	2		
9	584X		
10			
11			
12	4-0		
13	1-0		

BY AFFIDAVIT OF ... DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 21 1962

1. PLACE OF DEATH
a. COUNTY Buchanen
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph — Length of stay in 1b 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brumm & Knepper Thompson Clinic — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clinton
c. CITY OR TOWN Cameron — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Stella Middle Last Harms

4. DATE OF DEATH: Month 5 Day 5 Year 62

5. SEX: Female

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-10-1894

9. AGE (last birthday): 67

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): Housew ife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Burr Polk

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Herman Harms

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.

17. INFORMANT: Herman Harms Address: Cameron Mo,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Choledocholithiasis	2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Peritonitis and diabetes mellitus	one month
DUE TO (c)	Cirrhosis	

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 March 11, 1962 to March 5, 1962 and last saw her him alive on

Death occurred at Thompson, Brumm & Knepper Clinic Hospital on the date stated above, and to the best of my knowledge, from the causes stated.

P.A. Knepper, M.D.

22a. SIGNATURE (Degree or title) — 22b. ADDRESS 902 Edmond Street — 22c. DATE SIGNED 5-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 5-7-62 — 23c. NAME OF CEMETERY OR CREMATORY Hopewell — 23d. LOCATION (City, town, or county) (State) Maysville Mo

24. FUNERAL DIRECTOR — ADDRESS Maysville Mo — 25. DATE RECD. BY LOCAL REG. May 14 1962 — 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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 John Broom

Signature of Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Maysville, 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.