8454

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032509

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7886

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
11,16	Chatham & 332-01-9996	Auburn & Unknown	8/23/62

BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri — Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Sangamon
c. CITY OR TOWN: Auburn — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 804 West Adams — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Henry, Middle C., Last Harms
4. DATE OF DEATH: Month August, Day 10, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-6-1893
9. AGE (last birthday): 68 — 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): Office Manager
10b. KIND OF BUSINESS OR INDUSTRY: Stock Co.
11. BIRTHPLACE (City and state or country): ~~Auburn,~~ Chatham, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Harmon Harms
13b. MOTHER'S MAIDEN NAME: Abbie Paps
14. NAME OF HUSBAND OR WIFE: Helen Harms
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 1
17. INFORMANT: Helen Harms — Address: 804 W. Adams Auburn, Ill.

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): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Nephritis chronic and hypertension — several years
DUE TO (c): 592 x
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 August 7, 1962, to August 10, 1962 and last saw her/him alive on August 10, 1962
Death occurred at 8:35 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F R Bradley M.D. (Degree or title): F. R. Bradley, M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 8/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-11-62
23c. NAME OF CEMETERY OR CREMATORY: Auburn
23d. LOCATION (City, town, or county) (State): Auburn, Ill.

24. FUNERAL DIRECTOR — ADDRESS: Willis Funeral Home Auburn, Ill.
25. DATE RECD. BY LOCAL REG.: AUG 13 1962
26. REGISTRAR'S SIGNATURE: Carl Smith. M.D.

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 NOT EMBALMED, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Henry J Bieper

Licensed Embalmer No._____

P. O. Address Granite City, Ill.

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.