

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42594**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 384	
1. PLACE OF DEATH a. COUNTY Pettis County				2. USUAL RESIDENCE (Where deceased lived. If institutional residence, before admission) a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (If this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural W. Williams			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1 mi N.E. of Cole Camp. 1			
3. NAME OF DECEASED (Type or Print) CHETUS		a. (First)		b. (Middle)		c. (Last) HARMS	
4. DATE OF DEATH 12-27-48		(Month)		(Day)		(Year)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 28 1913	
9. AGE (In years last birthday) 34		If UNDER 1 YEAR		If UNDER 12 HRS.		Days 11 Hours 29 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Otto Harms		13b. MOTHER'S MAIDEN NAME Bertha Palmer		14. NAME OF HUSBAND OR WIFE Ardele			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Otto Harms		ADDRESS Cole Camp, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) SIC		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Teratoma, Testicle with		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to liver				16 mos.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 178							
19a. DATE OF OPERATION Nov-1947		19b. MAJOR FINDINGS OF OPERATION Unknown, Oper. Performed at Osteopath, Mo				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 3 Dec , 1948, to 27 Dec , 1948, that I last saw the deceased alive on 26 Dec , 1948, and that death occurred at 12:20 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE P. Siegel		(Degree or title) M.D.		23b. ADDRESS Smithton, Mo		23c. DATE SIGNED 27 Dec 48	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-30-48		24c. NAME OF CEMETERY OR CREMATORY Memorial		24d. LOCATION (City, town, or county) (State) Cole Camp, Benton County, Mo.	
DATE REC'D BY LOCAL REG. 12/28/48		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Harold Jones		ADDRESS Cole Camp, Mo.	

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-19-49

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.

Signed _____

Harold Perry
#097

Licensed Embalmer No. _____

P. O. Address _____

Cole Camp, Md

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.