

FILED JUL 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18584

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cole Camp</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cole Camp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b> b. (Middle) <b>Louise</b> c. (Last) <b>Harms</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 8 1949</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 23, 1878</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Henry Heisterberg</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Cordes</b>	14. NAME OF HUSBAND OR WIFE <b>Herman B. Harms</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Opal Harms Cole Camp, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Metastatic Carcinoma of Fine Carcinoma of Breast</b>		<b>1 Year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		<b>3 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>170X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-2-**, 19**49**, to **7-8-**, 19**49**, that I last saw the deceased alive on **7-2-**, 19**49**, and that death occurred at **5:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Rosen M.D.</b>	23b. ADDRESS <b>Cole Camp, Mo</b>	23c. DATE SIGNED <b>7-9-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 10</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Lutheran</b>
24d. LOCATION (City, town, or county) (State) <b>Cole Camp, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>7-9-49</b>	REGISTRAR'S SIGNATURE <b>B. L. Eidenhoff</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harold Ray Cole Camp Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 6-49-83

Date Filed 7-12-48

DEC 1 1949

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 .....  
Student Embalmer

Signed David Perry

Licensed Embalmer No. 4087

P. O. Address Cole Camp No.

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.