No. 300
10.48

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

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15850

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles East of Cole Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams 0080
d. STREET ADDRESS (If rural, give location): 2 mi. E of Cole Camp

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) W. c. (Last) Harms

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1950

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 11, 1863

9. AGE (In years last birthday): 87 — If under 1 year: Months 2 Days 22 — If under 24 hrs.: Hours ___ 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? USA

13a. FATHER'S NAME: Peter Harms

13b. MOTHER'S MAIDEN NAME: Dorothy Darmme

14. NAME OF HUSBAND OR WIFE: Anna Nee Haban

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Anna Harms — **ADDRESS:** Cole Camp Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypostatic Pneumonia
DUE TO (c) Nephrosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility (supp. report)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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): Williams Benton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1-50, 19___, *to* 5-3-50, 19___, *that I last saw the deceased alive on* 5-1-50, 19___, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Moreland **(Degree or title):** DO **23b. ADDRESS:** Cole Camp Mo **23c. DATE SIGNED:** 5-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE:** May 7, 1950 **24c. NAME OF CEMETERY OR CREMATORY:** St. Paul's **24d. LOCATION** (City, town, or county) (State): Cole Camp Missouri

DATE REC'D BY LOCAL REG.: May 6, 1950 **REGISTRAR'S SIGNATURE:** E. L. Eckhoff 394 0 **25. FUNERAL DIRECTOR'S SIGNATURE:** Harold Kenz **ADDRESS:** Cole Camp Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-17-50
District Health Officer No. 7
District File Number 4-50-5
Date Filed 5-17-50

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 Penz

Signed ..... Student Embalmer

Licensed Embalmer No. 4097

P. O. Address Cole Camp, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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