

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5108 State File No. 3750

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. ~~4040~~ Registrar's No. 10

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>Rural Williamstownship</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Williams Township</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		0088	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3 Miles East of Cole Camp</b>		d. STREET ADDRESS (If rural, give location) <b>3 Miles East of Cole Camp</b>	

3. NAME OF DECEASED a. (First) <b>John</b>	b. (Middle) <b>Heinrich</b>	c. (Last) <b>Harms</b>	4. DATE OF DEATH (Month) <b>Feb</b> (Day) <b>11th</b> (Year) <b>1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec 22nd 1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Claus Harms</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Finkler</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Theodore Harms</b> ADDRESS <b>Cole Camp Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>177 X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombus</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Carcinoma of Prostate</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-9**, 1949, to **2-11**, 1951, that I last saw the deceased alive on **2-11**, 1951, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D.W. Ireland</b> (Degree or title) <b>J. Md.</b>	23b. ADDRESS <b>Cole Camp, Mo</b>	23c. DATE SIGNED <b>2-12-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 14th 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Braurville</b>	24d. LOCATION (City, town, or county) (State) <b>Benton County Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb 13 1951</b>	REGISTRAR'S SIGNATURE <b>E L Eickhoff</b> 394	25. FUNERAL DIRECTOR'S SIGNATURE <b>E L Eickhoff</b> ADDRESS <b>Cole Camp Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-19-51

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Col. Camp Md

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.