

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

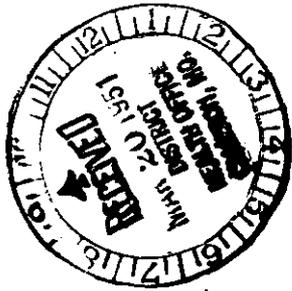
State File No. 7415

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Harmes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5/7/1874</u>
9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR <u>10</u> MONTHS <u>3</u> DAYS IF UNDER 2 HRS. <u>0</u> HOURS <u>0</u> MIN.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Atchison county, Mo.</u>		12. COUNTRY OF BIRTH? <u>Am.</u>	
13a. FATHER'S NAME <u>Frank Schnitcker</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Beasing</u>	
14. NAME OF HUSBAND OR WIFE <u>Wike Harmes dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fern Million, Rockport, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>malignant hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>12 hrs</u> <u>20 yrs</u> <u>10 yrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR? <u>331X</u>
21a. ACCIDENT SUICIDE (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) (Min.)	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 <u>1946</u> , to <u>March 1951</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>51</u> , and that death occurred at <u>9:20 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Emmett Beattie M.D.</u>		23b. ADDRESS <u>Rockport, Mo.</u>	
23c. DATE SIGNED <u>10 Mar 51</u>		24. LOCATION (City, town, or county) (State) <u>Rockport, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/12/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood, Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Rockport, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Marvin H. Schooled</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary, Rockport, Mo.</u> ADDRESS _____	

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

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APR 27 1956

OCT 5 1956

OCT 3 1956

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 *Gary Bartholomew*

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo.,

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.