

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23261**

RECEIVED JUL 7 1952
BIRTH NO. _____ REG. DIST. NO. **3223** PRIMARY REG. DIST. NO. **6091** Registrar's No. **222**

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAPAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Salt Pond		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FREEDOM TWP 1	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1 MI. NORTH OF CONCORDIA, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 MI. NORTH + EAST OF EMMA			

3. NAME OF DECEASED (Type or Print) a. (First) WARNER b. (Middle) LESTER c. (Last) HARMS			4. DATE OF DEATH (Month) (Day) (Year) JUNE 30 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB 16 1933	9. AGE (In years last birthday) 19 Months 4 Days 14	If under 1 year: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE CREAMERY C		10b. KIND OF BUSINESS OR INDUSTRY CREAMERY		11. BIRTHPLACE (City and State or Foreign Country) SWEET SPRING, MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME HENRY M. HARMS		13b. MOTHER'S MAIDEN NAME LEONA BREENHOFF		14. NAME OF HUSBAND OR WIFE NONE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-34-8245		17. INFORMANT'S SIGNATURE OR NAME HENRY M. HARMS ADDRESS CONCORDIA, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 Minutes
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning		DUE TO (b) in Davis Creek				
*This does not mean the mode of dying, such as heart failure, asthma, 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.		E9298 42				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 097	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Davis Creek	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) Salt Pond Saline MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **made an inspection July 1st**, 19**52**, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:15** m., from the causes and on the date stated above.

23a. SIGNATURE P. L. Louwers M.D. Crema Saline MO	(Degree or title)	23b. ADDRESS Marshall Ave.	23c. DATE SIGNED 7-1-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 3, 1952	24c. NAME OF CEMETERY OR CREMATORY ST PAULS CEMETERY	24d. LOCATION (City, town, or county) (State) CONCORDIA, MO

DATE REC'D BY LOCAL REG. 7/1/52	REGISTRAR'S SIGNATURE Dolly Andrew	25. FUNERAL DIRECTOR'S SIGNATURE E. S. Jann ADDRESS Concordia Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

70
3

APR 28 1958
APR 28 1958

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Conradia, M

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.