No. 300 FILED FEB 11 1953
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 173

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Williams township
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) 3 mi. NW 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 township 0080
d. STREET ADDRESS (If rural, give location) 3 mi. NW of Cole Camp

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Louis c. (Last) Harms

4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 19, 1919
9. AGE (In years last birthday) 33 — IF UNDER 1 YEAR Months 9 Days 15 — 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 Louis Harms
13b. MOTHER'S MAIDEN NAME Matilda Borchers
14. NAME OF HUSBAND OR WIFE Celeste E. Heimsoth

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. Raymond 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) Basal Skull Fracture + Fracture of upper vertebrae, severing the Spinal Cord — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Concussion + shock
DUE TO (c) Collision with freight train

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 008
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident about farm
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) Feb. 3, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Collision with freight train

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Harold B. Wackerle (Degree or title) DO
23b. ADDRESS Cole Camp Mo
23c. DATE SIGNED 2/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 6 1953
24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
24d. LOCATION (City, town, or county) Benton Co. (State) Mo.

DATE REC'D BY LOCAL REG. Feb 6, 1953
REGISTRAR'S SIGNATURE E L Eickhoff 394
25. FUNERAL DIRECTOR'S SIGNATURE Harold King ADDRESS Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1959

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 Harold Renz

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 with the above constitutes grounds for revocation of license.)

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