No. 300
10.48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11092

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5045 Registrar's No. 25

0030
1

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Templeton Twsp
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) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Templeton Twsp)
d. STREET ADDRESS (If rural, give location) none

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3. NAME OF DECEASED (Type or Print)
a. (First) Sophia
b. (Middle) Marie
c. (Last) Harmes

4. DATE OF DEATH (Month) (Day) (Year) 4-8-1954

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 10-8-1872
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 6 Days 0 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Atchison County, Mo 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Henry Schierkolk
13b. MOTHER'S MAIDEN NAME Sophia Roje
14. NAME OF HUSBAND OR WIFE Richard Harmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Temple Shandy, **ADDRESS** Rock Port. 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) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic heart disease 10 years
DUE TO (c) Generalized arteriosclerosis 30 years

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 4200
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)

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* Sept, 1953, *to* 4-8-, 1954, *that I last saw the deceased alive on* 4-8-54, 19__, *and that death occurred at* 7:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Wallace Carpenter (Degree or title) MD
23b. ADDRESS Rock Port Mo
23c. DATE SIGNED 4-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-10-1954
24c. NAME OF CEMETERY OR CREMATORY Hunter Cem.
24d. LOCATION (City, town, or county) (State) Rock Port, Mo.

DATE REC'D BY LOCAL REG. April 14, 1954
REGISTRAR'S SIGNATURE Marvin H. Schaeler 443
25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary, **ADDRESS** Rockport, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gratz 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.