S. No. 300
v. 10.48

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9664

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 2965 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Platte 0830
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Preston
c. LENGTH OF STAY (in this place): 87 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgerton, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN: Edgerton 0830 a
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): James Harmer

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 28, 1869
9. AGE (In years last birthday): 87 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (City and State or Foreign Country): Platte County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Matthew Harmer
13b. MOTHER'S MAIDEN NAME: Mary Ann Smith
14. NAME OF HUSBAND OR WIFE: Mattie Harmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Herbert Harmer — **ADDRESS**: Edgerton, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Fractured hip — 6 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) 083 (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* Feb. 2, 1957, *to* Mar. 18, 1957, *that I last saw the deceased alive on* Mar. 13, 1957, *and that death occurred at* 6:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gilbert N. Cassady M.D.
23b. ADDRESS: Smithville, Mo.
23c. DATE SIGNED: 3-19-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/1957
24c. NAME OF CEMETERY OR CREMATORY: Ridgley Cemetery
24d. LOCATION (City, town, or county) (State): Edgerton, Missouri

DATE REC'D BY LOCAL REG.: 3-20-1957
REGISTRAR'S SIGNATURE: Alphia Rollins
25. FUNERAL DIRECTOR'S SIGNATURE: Rollins - Nash — **ADDRESS**: Edgerton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

2 7

MAR 1957
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed H. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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