

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47087
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 206

S. 300

ev. 1-57

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1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WINDSOR, MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP #3		Length of stay in lb 11 YEARS, 7 MONTHS	d. STREET ADDRESS (If outside, give location) ---
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. HARMIS			4. DATE OF DEATH Month Day Year DEC. 8. 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 10. 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years less birthday) 87
11. BIRTHPLACE (City and state or country) COLE CAMP MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME HENRY HARMIS		13b. MOTHER'S MAIDEN NAME ANNIE HOLSON	14. NAME OF HUSBAND OR WIFE UNKNOWN
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. NONE	17. INFORMANT HOSP. RECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH MANY YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ART. SCLEROSIS			MANY YEARS
DUE TO (c) ---			---
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. ---		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		20f. CITY, TOWN, OR LOCATION COUNTY STATE ---	
21. I attended the deceased from DEC. 1. 1946 to DEC. 8. 1957 and last saw her/him alive on DEC. 8. 1957 Death occurred at 4:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS [Address]	
22c. DATE SIGNED 12-8-57			
23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	23b. DATE Dec 11th 1957	23c. NAME OF CEMETERY OR CREMATORY St Paul Cemetery	23d. LOCATION (City, town, or county) (State) Cole Camp Mo
24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Mo		25. DATE RECD. BY LOCAL REG. 12-21-1957	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *J. August Ferry*

Licensed Embalmer No. *4960*

P. O. Address *N. esbacher,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.