

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024030

FILED VS AUG 6 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 153

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Calif.</b> b. COUNTY <b>?</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico, Missouri.</b>		c. CITY OR TOWN <b>Modesto, Calif.</b>	
Length of stay in 1b <b>1 Wk.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>SHIRLEY</b> Middle <b>ERLENE</b> Last <b>HARMS</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>1</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-15-43</b>	9. AGE (last birthday) <b>15</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and state or country) <b>Nevada, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Earl Harms</b>		13b. MOTHER'S MAIDEN NAME <b>Ruby Griggs.</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Earl Harms, Perry, Mo.</b>		17. ADDRESS		17. ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Shock</b>		<b>6 hrs</b>	
DUE TO (b) <b>ruptured kidney and liver</b>		<b>6 hrs.</b>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Run over by tractor (farm)</b>
20c. TIME OF INJURY Hour <b>6</b> p.m. Month, Day, Year <b>7-31-59</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	
20e. CITY, TOWN, OR LOCATION <b>Audrain, Missouri</b>		20f. COUNTY <b>Calhoun</b> STATE <b>Mo.</b>

21. I attended the deceased from <b>July 31, 1959</b> to <b>Aug 1, 1959</b> and last saw her <b>Aug 1, 1959</b> Death occurred at <b>5:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>William J. Jacey</b>	(Degree or title) <b>M.D.</b>
22b. ADDRESS <b>Mexico, Missouri.</b>	
22c. DATE SIGNED <b>8-4-59</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-4-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Perry, Missouri.</b>
24. FUNERAL DIRECTOR <b>Olydes, Wiersma, Perry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>August 4-1959</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 6 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clyde B. ...*

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.