

RL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JAN 28 1960

60-000142  
 STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Pleasant Twp.</u>		Length of stay in 1b <u>11 Months</u>	c. CITY OR TOWN <u>Spruce Twp.</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>Spruce Twp.</u>

3. NAME OF DECEASED (Type or print) First <u>Gertchen</u> Middle <u>Mary</u> Last <u>Harms.</u>			4. DATE OF DEATH Month <u>January</u> Day <u>12</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 29, 1884.</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Hwie</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Essen Germany</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Hinrichs.</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine</u>		14. NAME OF HUSBAND OR WIFE <u>John Harms.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. E. Strange, 621 W. Pine Butler, Mo</u>
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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) <u>Cerebral embolism</u>	DUE TO (b) <u>arteriosclerosis and hypertension</u>	<u>10 min.</u>
DUE TO (c)		<u>10 years</u>

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>          </u> a.m. <u>          </u> p.m. Month, Day, Year <u>          </u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY <u>          </u> STATE <u>          </u>

21. I attended the deceased from March 8 1956 to Jan. 11, 1960 and last saw her alive on Jan. 11, 1960  
 Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. D. Laffner, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Wynne Bldg, Butler, Mo</u>	22c. DATE SIGNED <u>1/13/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Luthren Cemetery</u>	23d. LOCATION (City, town, or county) <u>Creighton Mo.</u>
24. FUNERAL DIRECTOR <u>Six Funeral Service, Adrian, Mo.</u>		25. DATE REG. BY LOCAL REG. <u>Jan. 14, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Kendall Murray</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_ 

Licensed Embalmer No. 3650

P. O. Address. Adrian, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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