

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

**-60-014737**

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 83

<b>1. PLACE OF DEATH</b> a. COUNTY <b>FRANKLIN</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNION</b>		Length of stay in 1b		c. CITY OR TOWN <b>UNION</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>AT HOME</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1001 N. CHRISTINA</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>FRED</b> Middle <b>W.</b> Last <b>HARMS</b>				<b>4. DATE OF DEATH</b> Month <b>APRIL</b> Day <b>13</b> , Year <b>1960</b>				
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>FEB. 20, 1892</b>	<b>9. AGE (last birthday)</b> <b>68</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>23</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>machine mechanic</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>UNION, MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		
<b>13a. FATHER'S NAME</b> <b>JOHN HARMS</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>ANNA HORN</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>AUGUSTINE HARMS</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>492-09-1268</b>		<b>17. INFORMANT</b> Address <b>AUGUSTINE HARMS UNION, MO.</b>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>probable poisoning</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>7. mo</b>		
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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)						
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE			
<b>21. I attended the deceased from</b> <u>3-16-60</u> to <u>4-13-60</u> and last saw <sup>her</sup> him alive on <u>4-11-60</u> . Death occurred at <u>2.30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> <u>E. F. Oltmann</u> (Degree or title)				<b>22b. ADDRESS</b> <u>Union Mo</u>		<b>22c. DATE SIGNED</b> <u>4-13-60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>23b. DATE</b> <b>4-16-60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>UNION CEMETERY</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>UNION, MO.</b>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>E. F. OLTMANN UNION, MO.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>4/14/60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 5 1960

MAY 8 1960

**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

*Ralph Ottman*

Licensed Embalmer No. 4808

P. O. Address Union, 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.