RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031657
STATE FILE NUMBER

.ED VS SEP 8 1960 Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

DED

1. PLACE OF DEATH
a. COUNTY: Ralls.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jasper Township.
Length of stay in 1b: 39 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R.F.D. Perry, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ralls
c. CITY OR TOWN: R.F.D. Perry, Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Jasper Township.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First KEITH Middle LEE Last HARMS
4. DATE OF DEATH: Month Sept Day 2 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-23-60
9. AGE (last birthday): IF UNDER 1 YEAR: Months 1 Days 9; IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child.
11. BIRTHPLACE (City and state or country): Hannibal, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gerald Harms
13b. MOTHER'S MAIDEN NAME: Mary Lou Scobee
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gerald Harms. Address: Perry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Virus Pneumonia.
INTERVAL BETWEEN ONSET AND DEATH: Unknown.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 No Medical Attention and last saw her/him alive on ____
Death occurred at 9-2-1960 4:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clyde C. Lindsey (Degree or title): Coroner.
22b. ADDRESS: Perry, Mo. Ralls County.
22c. DATE SIGNED: 9-2-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-4-1960
23c. NAME OF CEMETERY OR CREMATORY: Lickcreek Cemetery.
23d. LOCATION (City, town, or county) (State): Perry, Missouri.

24. FUNERAL DIRECTOR: Clyde C. Lindsey ADDRESS: Perry, Missouri.
25. DATE RECD. BY LOCAL REG.: 9-2-1960
26. REGISTRAR'S SIGNATURE: Clyde C. Lindsey.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clyde C. [illegible]

Signature of Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Perry, Misso

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