

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041271

FILED VS DEC 5 1960

53

Primary Registration District No. 3010

Registrar's No. 466

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in lb 38 yr		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 627 S Benton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 627 S Benton		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Eddie Middle Florence Last Harmon				4. DATE OF DEATH Month Nov Day 26 Year 1960							
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan 30 1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 9 Days 26	IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Gordonville Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A					
13a. FATHER'S NAME Samuel M Thompson			13b. MOTHER'S MAIDEN NAME Malinda Dale		14. NAME OF HUSBAND OR WIFE C.I Harmon						
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 Address Mr C.I Harmon Cape Girardeau Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gangrene of foot arteriosclerosis DUE TO (b) Diabetes Mellitus. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH					
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 a.m. p.m.		Month, Day, Year		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 STATE	
21. I attended the deceased from 8/10/60 to 11/26/60 and last saw her him alive on 11/25/60 Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE J.H. Kernis M.D. (Degree or title)					22b. ADDRESS Cape Girardeau, Mo.			22c. DATE SIGNED 11/29/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-28-1960	23c. NAME OF CEMETERY OR CREMATORY Lorimier			23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.					
24. BY EMBALMER Brinkhoff Howell, Cape Gir Mo.				25. DATE RECD. BY LOCAL REG. 11-29-60		26. REGISTRAR'S SIGNATURE Jesse Kasten					

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 Neil H. Grosshender

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.