

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010026

AMENDED Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 99 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 3 1961

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell Nursing Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Ionia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
EDITH HARMS
 4. DATE OF DEATH Month Day Year
March 29, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 11/27/83 9. AGE (last birthday) 77
 IF UNDER 1 YEAR Months Days 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 Own Home 11. BIRTHPLACE (City and state or country) Beaman, Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Neriah Kale 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Karl Harms

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 Karl Harms, Rt. 1, Ionia, 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) CORONARY OCCLUSION
 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 Month, Day, Year a.m. p.m.

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 MARCH 1-61 to Date 3-29-61 and last saw her alive on 25 March 61
 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Karl D. Jones MD 22b. ADDRESS Sedalia, Mo. 22c. DATE SIGNED 3/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/31/61 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery 23d. LOCATION (City, town, or county) (State) Cole Camp, Missouri

24. FUNERAL DIRECTOR Edna Ewing ADDRESS Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. 3-29-1961 26. REGISTRAR'S SIGNATURE Frances Shelby

APR 18 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sadalin 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.