

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040625

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 274

**FILED DEC 12 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>FRANKLIN</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>FRANKLIN</u>
Length of stay in 1b <u>1 MO.</u>		c. CITY OR TOWN <u>SULLIVAN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>318 E. EUCLID AVE.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>HARRY JULIUS HARMS</u>			4. DATE OF DEATH Month Day Year <u>DEC 2 1961</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 17 1905</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE IND</u>	11. BIRTHPLACE (City and state or country) <u>JERSEYVILLE, ILL</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>CHRIS HARMS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BORGER</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE ARTER</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 Address <u>RAY HARMS SULLIVAN, MO.</u>		

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 <u>WEEKS</u>
IMMEDIATE CAUSE (a) <u>UREMIA</u>		
DUE TO (b) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>		
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) <u>CEREBRAL THROMBOSIS - 3 WEEKS</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown	
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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 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 1954 to 1961 and last saw him alive on DEC 1-1961  
 Death occurred at 9:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert J. Sullivan</u>	22b. ADDRESS <u>Sullivan Mo.</u>	22c. DATE SIGNED <u>Dec. 2 '61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 6, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM. JERSEYVILLE ILL.</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR ADDRESS <u>H.M. EATON, SULLIVAN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>12/2/61</u>	26. REGISTRAR'S SIGNATURE <u>Lola P. Widmann</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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,

      , Student Embalmer No.       

working under my personal supervision.

Student       

Signature of Student Embalmer

Signed     J. W. Eaton    

Licensed Embalmer No.     5066    

P. O. Address     Sullivan,    

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.