

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0014643

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

127

MY FILED 15 64

VS 300
Rev. 4/59

10425

20080

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331x

10

11

12 2-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in 1b
9 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wetzel Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Benton

c. CITY OR TOWN Cole Camp

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
1 Mi. S. Cole Camp

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Amelia Elise Harms

4. DATE OF DEATH
Month Day Year
May 5 1964

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-11-1897

9. AGE (last birthday)

66 yrs.

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
House Keeping

11. BIRTHPLACE (City and state or country)
Babbtown, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Gerhard Schriefer

13b. MOTHER'S MAIDEN NAME

Katherina Mueller

14. NAME OF HUSBAND OR WIFE

Louis 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

Mrs. Leroy Luetjen Cole Camp, Mo. Rt. 3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebrovascular hemorrhage

weeks

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. Month, Day, Year
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 Jan 1962 to May 5 64 and last saw her alive on May 5th 64
Death occurred at 5:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Arthur Bongalor

22b. ADDRESS

Cole Camp Mo.

22c. DATE SIGNED

5-7-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-8-1964

23c. NAME OF CEMETERY OR CREMATORY

Trinity Cemetery

23d. LOCATION (City, town, or county)

Cole Camp

(State)

Mo.

24. FUNERAL DIRECTOR

Charles F. Fox

ADDRESS

Cole Camp, Mo.

25. DATE RECD. BY LOCAL REG.

May 11, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 19 1964

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 Albert E. Seal, Student Embalmer No. 64-03-14

working under my personal supervision.

Student

Albert E. Seal

Signature of Student Embalmer

Signed

Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Robt Camp, 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.