

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1854

FILED JAN 20 1950

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>New Madrid (Rural)</u>		c. CITY OR TOWN <u>Rural, New Madrid</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>	b. (Middle) <u>Harris</u>	c. (Last) <u>Harris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1950</u>
---	---------------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 9, 1900</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Black Hawk, Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Robert Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Julia ANN Studway</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Harris</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'S SIGNATURE, OR NAME AND ADDRESS <u>William Harris - 1578 N. St. Memphis, Tenn.</u>
--	-------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>E981X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot with shot gun</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in abdominal cavity</u> DUE TO (c) <u>(Homicide)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid New Madrid Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 6, 1950 11:30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot with shot gun</u>
---	---	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leo Redguseth, Coroner</u>	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>1/7-50</u>
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Land Hill</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-13-50</u>	REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Richard W. Holt Co New Madrid</u>
---	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0720

0720

0720

RECEIVED

JAN 1 1953

District Health Office No. 2

District File Number 150-54

Date Filled

AUG 6 1953

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 Student Embalmer

Signed

Donald Roberts

Licensed Embalmer No. 4722

P. O. Address Gen Medical

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 this body is not embalmed, fact should be so stated above.