

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29146

29146

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6/28</u>		Registrar's No. <u>83</u>		
1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2239</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1734 Missouri Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u> b. (Middle) <u>Harris</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-50</u>					
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>OCT. 19-1945</u>		9. AGE (In years less birthday) <u>4</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>DETROIT, MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WILLIAM E. HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>ROSETTA SEATOR</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ROSETTA HARRIS</u> ADDRESS <u>1734 MISSOURI ST. LOUIS, MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound.</u>  ANTECEDENT CAUSES <u>Murder</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____ <u>Murder</u>  DUE TO (c) _____ <u>Murder</u>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Murder</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>E 981</u>	
19a. DATE OF OPERATION <u>8/7/1950</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Murder</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Eminence</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shannon County, Missouri</u>				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>8/7/1950 9:30p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Murder</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 (Type or title) <u>M. A. Deshaun, Judge of Probate, Acting Corronor</u>				23b. ADDRESS <u>Eminence, Missouri</u>		23c. DATE SIGNED <u>8/16/1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKERS</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>			
DATE REC'D BY LOCAL REG. <u>9/1/50</u>		REGISTRAR'S SIGNATURE <u>J. H. Collins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>306</u> <u>DUNCAN'S FUNERAL HOME</u>		ADDRESS <u>MOUNTAIN VIEW, MO.</u>		

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

RECEIVED

SEP 13 1950

DEPARTMENT HEALTH OFFICE No. 6  
File No. ....

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *John F. Dunne*  
Student Embalmer No. ....  
Licensed Embalmer No. *2516*

P. O. Address *St. Louis 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 this body is not embalmed, fact should be so stated above.