

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34275

State File No.

FILED OCT 25 1951

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>88</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Idaho</u>				b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>			c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Boise</u>			<u>8110</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In transit</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 6</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna Rae</u>			b. (Middle) <u>Harris</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>June 3, 1951</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 6 HRS. Days <u>13</u>	IF UNDER 1 MIN. Hours _____	
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>- -</u>		11. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>			
13a. FATHER'S NAME <u>J. Arthur Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Orietta Melvin</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. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Arthur Harris, Rt 6, Boise, Idaho</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>death on General</u> , 19____, that I last saw the deceased alive on <u>10/16/51</u> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. W. Bohrend</u> (Degree or title) <u>MD.</u>			23b. ADDRESS <u>211 Linn, Brookfield Mo.</u>			23c. DATE SIGNED <u>10/16/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>West Frankfort, Illinois</u>				
DATE REC'D BY LOCAL REG. <u>10-16-51</u>		REGISTRAR'S SIGNATURE <u>Walter Bohrend</u> <u>167</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: OCT 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1876
Date Filed: OCT 23 1951

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.

Student Embalmer No.

Signed Harold B. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.