

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42690

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big River Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big River Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.I. BONNE TERRE Mo.</u>		d. STREET ADDRESS <u>R.I. BONNE TERRE Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u> b. (Middle) <u>MYRA</u> c. (Last) <u>HOUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 11, 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 3, 1915</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>8</u> IF UNDER 24 HRS. Days <u>8</u> Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BONNE TERRE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>LEWIS T. McCOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE M. RICHARDSON</u>		14. NAME OF HUSBAND OR WIFE <u>EDWIN S. HOUSE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDWIN S. HOUSE R.I. BONNE TERRE MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of skull.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Verdict Commission "Accused came to his death by self inflicted gunshot"</u>		
	DUE TO (c) <u>wound E976X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>wound</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Big River Township St. Francois Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 11, 1951 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>placing muzzle to it temporal region</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>Paul Dugal acting Comm'r</u>		23b. ADDRESS <u>Laramont Mo.</u>		23c. DATE SIGNED <u>12/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEMO PK.</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Rec. 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bertram L. Boone Jones Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 21 1951

RECEIVED

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 John J. Haines

Licensed Embalmer No. 4108

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.