

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34808

State File No.

BIRTH NO. 81071-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9336

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>DeSoto</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>			STREET ADDRESS (If rural, give location) <u>General Delivery</u> <u>D507</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dixie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Harper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 25 55</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>10-24-55</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>20 15</u>		
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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Otis Willis Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Lorene Pearl Wilkson</u>			
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorene Wilkson Harper DeSoto, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre-eclampsia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>a) Cerebrovascular</u> DUE TO (c) <u>b) Myelocle</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>c) Syndactyly</u> <u>d) Underdeveloped ext. genitalia</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>751 X</u>				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>10-24</u> , 1955, to <u>10-25</u> , 1955, that I last saw the deceased alive on <u>10-25</u> , 1955, and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas J. Seelite M.D.</u>			23b. ADDRESS <u>1325 S. Grand</u>		23c. DATE SIGNED <u>10-25-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeSoto, Jefferson Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 26 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> <u>mbB</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead, DeSoto, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not}
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Jose Mochales*

Licensed Embalmer No. *35*

P. O. Address *De Sete*

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.