

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37715**

NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1186

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Fresno</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fresno</u> <u>8040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6611 Columbia Drive.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>B</u> c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>November 6, 1888</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Mfg'r.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wooden Crates & Boxes</u>	11. BIRTHPLACE (State or foreign country) <u>Burrton, Ke.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sherman Harris</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida Jane Kite</u>		14. NAME OF HUSBAND OR WIFE <u>Vesta Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. C. Benner</u>		ADDRESS <u>St. Joseph, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted gun shot wound through the head</u> DUE TO (b) <u>Man shot himself with his 38 Caliber automatic pistol</u> DUE TO (c) <u>through the head, while alone in his room at the Missouri Hospital</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>38 Caliber automatic pistol</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>alone in his room at the Missouri Hospital</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>E976X</u>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Two meth. Hosp.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan, MO.</u>	21d. TIME (Month) (Day) (Year) (Hour) <u>Nov. 15 - 1952 9:15^A</u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Man shot himself</u>		
22. I hereby certify that I attended the deceased from <u>on 11/15, 1952</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:50A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. J. Mundy M.D. (Coroner)</u>		23b. ADDRESS <u>St. Joseph Mo</u>	
23c. DATE SIGNED <u>11/15/52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Mausoleum</u>	
23e. LOCATION (City, town, or county) (State) <u>Glendale, California.</u>		23f. DATE REC'D BY LOCAL REG. <u>Nov. 18, 1952</u>	
23g. REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		23h. FEDERAL DIRECTOR'S SIGNATURE <u>Walter Newhoffer</u>	
23i. ADDRESS <u>St. Joseph, Mo.</u>		23j. ADDRESS <u>St. Joseph, Mo.</u>	

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

DEC 29 1918

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 Raymond H. Herhead
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.