

FILED DEC 22 1950

STANDARD CERTIFICATE OF DEATH

39710

State File No.

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

013

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) LURAY 0230	
c. LENGTH OF STAY (In this place) 2 1/2 hours		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital & Clinic			
3. NAME OF DECEASED (Type or Print) a. (First) Ovel		b. (Middle) O.	
		c. (Last) St. Clair	
4. DATE OF DEATH (Month) (Day) (Year) 12 - 13 - 50			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan. 25, 1891
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant & Post Master		10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (State or foreign country) Clark, County, Missouri 0
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Otho L. St. Clair		13b. MOTHER'S MAIDEN NAME Susan Hume	
		14. NAME OF HUSBAND OR WIFE Mrs. Myrtle St. Clair	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. none	
(If yes, give war or dates of service) World War I		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle St. Clair Luray, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 15 min	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) unknown			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Under observation for only 2 1/2 hours prior to death	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
		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 12-13-, 1950, to 12-13, 1950, that I last saw the deceased alive on 12-13, 1950, and that death occurred at 2:30P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature] D.O.		23b. ADDRESS Kirksville, Mo.	
		23c. DATE SIGNED 12-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (11)		24b. DATE 12-16-50	
24c. NAME OF CEMETERY OR CREMATORY Woodville Cemetery		24d. LOCATION (City, town, or county) (State) Clark Co Missouri	
DATE REC'D BY LOCAL REG. 12-14-50		REGISTRAR'S SIGNATURE [Signature]	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Kirksville, Mo.	

MAY 26 1951
MAY 17 1951

MAY 4 1951

JAN 17 1951

SEP 10 1953
OCT 14 1951

MAR 18 1951

I & Jr

Date Received: DEC 19 1950
DISTRICT HEALTH OFFICE
District File Number 12-50-
Date Filed: DEC 20 1950

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 Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Winksville, 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.