

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 40996BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 68

## I. PLACE OF DEATH

a. COUNTY Clark

b. CITY (If outside corporate limits, write RURAL and give township) Wyersdale rural

c. LENGTH OF STAY (in this place) life

d. FULL NAME OF HOSPITAL OR INSTITUTION

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo.

b. COUNTY Clark

c. CITY (If outside corporate limits, write RURAL and give township) Wyersdale rural

d. STREET ADDRESS (If rural, give location) 0230

## 3. NAME OF DECEASED

a. (First) OTHO

b. (Middle) LEE

c. (Last) ST. CLAIR

4. DATE OF DEATH

(Month) Nov. (Day) 27 (Year) 1951

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widowed

## 8. DATE OF BIRTH

Nov. 30-1862

## 9. AGE (In years last birthday)

88

IF UNDER 1 YEAR

Months \_\_\_\_\_ Days \_\_\_\_\_

IF UNDER 1 MIN.

Hours \_\_\_\_\_ Min. \_\_\_\_\_

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

Thomas O. St. Clair

## 13b. MOTHER'S MAIDEN NAME

Angelina Bibb

## 14. NAME OF HUSBAND OR WIFE

Susan A. St. Clair

## 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.

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Sam St. Clair Wyersdale Mo.

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Internal injury from

## ANTECEDENT CAUSES

severe fall on floor -

missed chair-hip

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

(2) dislocated

DUE TO (b) Shock

DUE TO (c) Serility

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Serility

## MEDICAL CERTIFICATION

## INTERVAL BETWEEN ONSET AND DEATH

Nov. 22-51

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1951, to Nov 27, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

Grace L. Gray, D.O.

## 23b. ADDRESS

Kahoka Mo.

## 23c. DATE SIGNED

12-1-1951

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

Nov. 30, 1951

## 24c. NAME OF CEMETERY OR CREMATORY

Woodville Cem.

## 24d. LOCATION (City, town, or county)

Clark Co. Mo.

## (State)

## DATE REC'D BY LOCAL REG.

12/4-51

## REGISTRAR'S SIGNATURE

J. H. ...

## 25. FUNERAL DIRECTOR'S SIGNATURE

Jettus ...

## ADDRESS

Kahoka

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

0230

Date Received: DEC 11 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-2259  
Date Filed: DEC 13 1951  
DEC 1 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Otis L. Sutton

Licensed Embalmer No. 2965

P. O. Address W. W. Sutton

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.