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

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9523

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELMIRA</u>		c. LENGTH OF STAY (in this place) <u>19 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmira</u>		<u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>DE LOSS</u>			a. (First)			b. (Middle)			c. (Last) <u>ST. JOHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1952</u>			
5. SEX <u>0</u> <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>April 25, 1869</u>			9. AGE (In years) (last birthday) <u>82</u>		if UNDER 1 YEAR <u>11</u> Days		if UNDER 2 HRS. <u>11</u> Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Marshalltown, Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Rufus St. John</u>			13b. MOTHER'S MAIDEN NAME <u>Ava Maulsby</u>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Bill St. John</u>			ADDRESS <u>Lawson, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>							
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		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 <u>4201</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. John R. Baber</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Richmond, Mo.</u>			23c. DATE SIGNED <u>4-6-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmira Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elmira Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grove</u> 364		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garman-Richard</u>		ADDRESS <u>Lawson, Mo.</u>		

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 *Linnick K. Jarman*

Licensed Embalmer No. *4589*

Excelsior Springs, 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.