

STANDARD CERTIFICATE OF DEATH

21900

State File No. _____

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 305

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jasper</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Joplin</u>
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>506 Fisher Ave. 0495</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>St. Clair</u>	4. DATE OF DEATH	(Month) <u>6</u>	(Day) <u>23</u>	(Year) <u>1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-14-1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR	IF UNDER 18 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant & Bakery</u>	11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Penna</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>DK.</u>	13b. MOTHER'S MAIDEN NAME <u>DK.</u>	14. NAME OF HUSBAND OR WIFE <u>Katie (Deceased)</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ray Smith</u>	ADDRESS <u>506 Fisher Joplin Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-6, 1953, to 6-23, 1953, that I last saw the deceased alive on 6-23, 1953, and that death occurred at 9:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. P. Douglas M.D.</u>	23b. ADDRESS <u>Frisco Bldg Joplin Mo</u>	23c. DATE SIGNED <u>6/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-29-53</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Thompson</u>	ADDRESS <u>Thomell-Bellon mort. Joplin Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED ⁷⁻⁷⁻⁵³
~~53-7-573~~
Jasper County Health Office

County File Number 53-7-573
Date Filed 7-7-53

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 David DeLeon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin 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.