

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41864

State File No. ....

FILED DEC 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 417 Registrar's No. ....

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Taney</u>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>Taney</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bramson</u> |  | c. LENGTH OF STAY (in this place) <u>10 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockaway Beach</u>                                  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shops Comm Hosp</u>                              |  |  | d. STREET ADDRESS (If rural, give location)   |  |  |

|   |   |   |  |
|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Saint Clair</u> |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-18-53</u>                 |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>12-26-1870</u>                             |
| 9. AGE (In years last birthday) <u>83</u>   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>                      | 11. BIRTHPLACE (State or foreign country) <u>State of Tenn</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>   | 13a. FATHER'S NAME <u>William A. St. Clair</u>  | 13b. MOTHER'S MAIDEN NAME <u>Alis Ann Cook</u>                        | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u>                    |

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| 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. Floyd Milton</u> ADDRESS <u>Rockaway Beach MO</u> |  |
|--|-------------------------------------|---|--|

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decondition</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Atherosclerosis</u> |  | <u>2 yrs</u>                                  |
|  | DUE TO (c) <u>General Decondition</u>   |  | <u>2 yrs</u>                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>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>442x</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) (Min) | 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 11-11-53, 1953, to 11-17, 1953, that I last saw the deceased alive on 11-17, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

|  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Arthur J. Gooden</u> | 23b. ADDRESS <u>704 North St. N.</u> | 23c. DATE SIGNED <u>11/15/53</u> |
|--|--------------------------------------|----------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-20-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Shade</u> | 24d. LOCATION (City, town, or county) (State) <u>Walnut Shade MO</u> |
|---|---------------------------|--|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>12-1-53</u> | REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Wheelock</u> ADDRESS <u>Bramson MO</u> |
|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

600  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0081-55

**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 *Minnie S. Whelchel*

Licensed Embalmer No. *2277*

P. O. Address *Brunson me*

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.