

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27986**

FILED AUG 31 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Joplin		c. CITY OR TOWN Joplin	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 1501 Bird	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Paul	b. (Middle)	c. (Last) St. Clair	4. DATE OF DEATH (Month) (Day) (Year) 8-18-54
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-17-07	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY Electrical	11. BIRTHPLACE (City and State or Foreign Country) Jasper County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Morton St. Clair	13b. MOTHER'S MAIDEN NAME Hattie Burns	14. NAME OF HUSBAND OR WIFE Lillian St. Clair
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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) No	16. SOCIAL SECURITY NO. 555 30 7589	17. INFORMANT'S SIGNATURE OR NAME Lillian St Clair	ADDRESS 1501 Bird Joplin, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure, respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	Acute medullary failure		
	2. ANTECEDENT CAUSES DUE TO (b) Virus pneumonia		
DUE TO (c) Pulmonary fibrosis, silicosis		3 da.	
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 Nov. 20, 19 52 to 8-18-54, 19____, that I last saw the deceased alive on 8-18-54, 19____, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Kilbane M.D.	23b. ADDRESS 521 W. 4th, Joplin, Mo.	23c. DATE SIGNED 8-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
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DATE REC'D BY LOCAL REG. 8-23-54	REGISTRAR'S SIGNATURE Ed A. James	FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort	ADDRESS Joplin Missouri
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED AUG 30
Jasper County Health Off
County File Number 54-8-
Date Filed AUG 30 195

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.....
Signature of Student Embalmer

Signed.....
D. E. Anderson

Licensed Embalmer No. 1770

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.