

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24085

FILED JUL 20 1956

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 316	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			c. LENGTH OF STAY (In this place) 56yrs		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San. & Hosp.				e. STREET ADDRESS (If rural, give location) 519 N. Spring St. 70050			
3. NAME OF DECEASED (Type or Print) MR. ALBERT JARMAN ST. CLAIR			a. (First)		b. (Middle)		c. (Last)
4. DATE OF DEATH July 12, 1956		(Month)		(Day)		(Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 16, 1885		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Long Const. Co.		11. BIRTHPLACE (City and State or Foreign Country) Atchison, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert J. St. Clair			13b. MOTHER'S MAIDEN NAME Mary Jarman			14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-09-2554		17. INFORMANT'S SIGNATURE OR NAME Mrs. Flossie SeEVERS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular accident - Stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic				INTERVAL BETWEEN ONSET AND DEATH 5 days Chronic	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				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 August 29, 1953, to July 12, 1956, that I last saw the deceased alive on July 12, 1956, and that death occurred at 2:00 A. M., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Hudson				(Degree or title) med.		23b. ADDRESS 604 W. Maple Independence, Mo.	
23c. DATE SIGNED 7/13/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
24d. LOCATION (City, town, or county) Indep. Mo.		(State)		25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell		ADDRESS Indep. Mo.	
DATE REC'D BY LOCAL REG. 7-16-56		REGISTRAR'S SIGNATURE James Gray		525. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

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

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 *Henry S. Mitchell*
Licensed Embalmer No. *392*

P. O. Address *Indep. Y.*

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.