

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019954

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 292

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED MAY 21 1962

VS 300  
Rev. 4/591 08702 08703 14 15 2

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7 08 29 4200

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12 90-013 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

Ralls

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Spencer

Length of stay in 1b  
8 monthsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

8 miles N.W. New London

Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE

Mo.

b. COUNTY

Ralls

c. CITY  
OR TOWN

New London

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

8 miles N.W. New London

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Florence Julia St. Clair

4. DATE  
OF DEATH

Month

Day

Year

May

12

1962

5. SEX

Fem.

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1876

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Pike Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lee Philllips

13b. MOTHER'S MAIDEN NAME

Martha Bramblett

14. NAME OF HUSBAND OR WIFE

DUD ST. CLAIR

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.

17. INFORMANT

Mrs. Perry Gregory New London Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

Congestive heart failure

INTERVAL BETWEEN  
ONSET AND DEATH

years

7 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Frankford Mo.

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her  
him alive on 4/2/62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. V. Waterhouse M.D.

22b. ADDRESS

Frankford Mo.

22c. DATE SIGNED

5/14/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

5-14-62

23c. NAME OF CEMETERY OR CREMATORY

Fairview

23d. LOCATION (City, town, or county)

Frankford Mo.

24. FUNERAL DIRECTOR

ADDRESS

Megown Funeral Home Frankford

25. DATE RECD. BY LOCAL REG.

5/16/1962

26. REGISTRAR'S SIGNATURE

Clyde C. Wiley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Beverly Green, 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.