

S. No. 300
V. 10.48

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 424

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, write RURAL and give township) FULTON		c. CITY (If outside corporate limits, write RURAL and give township) STURGEON, MISSOURI	
c. LENGTH OF STAY (In this place) 2 Weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL #1			
3. NAME OF DECEASED (Type or Print) a. (First) WINFIELD b. (Middle) S. c. (Last) ST. CLAIR			4. DATE OF DEATH (Month) (Day) (Year) 1 3 50
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-15-1872
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 6 Days 15	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME THOMAS ST. CLAIR		13b. MOTHER'S MAIDEN NAME EMILY ESTES	14. NAME OF HUSBAND OR WIFE MRS. W. S. ST. CLAIR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS, FULTON, MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILE DEMENTIA		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DK	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) ARTERIOSCLEROSIS	
DUE TO (c)			
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"/>
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) (Minute)	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 1-3-1950 , to 1-3-1950 , that I last saw the deceased alive on 1-3-1950 , and that death occurred at 9:19 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>J. Caldwell M.D.</i>		23b. ADDRESS STATE HOSPITAL, FULTON, MO	23c. DATE SIGNED 1-3-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-6-1950	24c. NAME OF CEMETERY OR CREMATORY Perchell Cemetery	24d. LOCATION (City, town, or county) (State) St.urgeon Mo
DATE REC'D BY LOCAL REG. Jan-4-1950	REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i>	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Barnes & Booth Sturgeon, Mo</i>

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

RECEIVED
JAN 16 1950
District Health Officer No. 8
District File Number

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 A. C. Boothe

Signed
Student Embalmer

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.