

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <i>Kirksville, Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kirksville</i>		c. CITY OR TOWN <i>Downing</i>	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 <i>Drum-Smith Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>09801</i>	

3. NAME OF DECEASED a. (First) <i>Agnes</i> b. (Middle) <i>Ketrvah</i> c. (Last) <i>St. Clair</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 25, 1956</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 4, 1862</i>	9. AGE (In years last birthday) <i>94</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>21</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Scotland Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Streshley Allen</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza Buchanan</i>		14. NAME OF HUSBAND OR WIFE <i>J.M. St. Clair</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Elmer St. Clair - Downing, Mo.</i> ADDRESS _____	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<i>6 years</i>
	DUE TO (b) <i>Arterial hypertension</i>		
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>443x</i>		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) _____	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 *1-15-1956*, to *1-25-1956*, that I last saw the deceased alive on *1-25-1956*, and that death occurred at *8:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____		23b. ADDRESS <i>Kirksville, Mo.</i>		23c. DATE SIGNED <i>1-26-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 27, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Downing Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Downing, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>1-26-56</i>	REGISTRAR'S SIGNATURE <i>Nate Lambert</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Moore Funeral Home, Downing, Mo.</i>		ADDRESS _____

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

MAR 2 1951

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 *Neal Payne*.....

Licensed Embalmer No. *2553*

P. O. Address *Memphis*

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.