

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006922

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 127

AMENDED

FILED MAR 6 1962

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, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 34 yrs	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 322 N. Walnut St.
3. NAME OF DECEASED (Type or print) First Hattie Middle May Last StClair		4. DATE OF DEATH Month Feb. Day 25 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-9-1884
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Barton County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Burns	
13b. MOTHER'S MAIDEN NAME Hillhouse		14. NAME OF HUSBAND OR WIFE Morton P. StClair 1929	
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. Unk	17. INFORMANT Maurice StClair, 322 N. Walnut, Joplin, 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) Acute Medullary Failure			INTERVAL BETWEEN ONSET AND DEATH 11 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis			Unk
DUE TO (c) Myocardial Degeneration			1 year
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Feb. 22, 1962 to Feb. 25, 1962 and last saw her/him alive on Feb. 25, 1962 Death occurred at 12:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Kilbane</i> (Degree or title) D.O.		22b. ADDRESS 408 W. 4th St.	22c. DATE SIGNED 2-25-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-27-1962	23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	23d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
24. FUNERAL DIRECTOR Steve Parker Mortuary, Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 2-28-1962	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 ROBERT A. YORK, Student Embalmer No. 631
working under my personal supervision.

Student Robert A. York
Signature of Student Embalmer

Signed Harvey B. Amos

Licensed Embalmer No. 4462

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.