

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

4111
Do not use this space.

FEB 15 1940

1. PLACE OF DEATH

(a) County Vernon Registration District No. 878
 (b) Township Dover Primary Registration District No. 6166 Registered No. 2
 (c) City Milo (d) Street No. R.F.D. #1 Milo, Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 11 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hiram Thomas Samuel
 (a) Residence, No. Milo, Mo. R.F.D. #1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan 17 - 1907
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1856
 7. AGE YEARS 83 MONTHS 2 DAYS 0 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County, Missouri

FATHER 13. NAME Dr. Isaac Samuel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ky.

MOTHER 15. MAIDEN NAME Catherine Shook
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ky.

17. INFORMANT (ADDRESS) J. E. Feston, Milo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoughton, Mo. DATE Jan 21, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home, Nevada, Mo.

20. FILED Jan 21, 1940 Carroll T. Beeny, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1940
 22. I HEREBY CERTIFY, that I attended deceased from Jan 17, 1940 to Jan 17, 1940
 I last saw him alive on Jan 15, 1940 Death is said to have occurred on the date stated above, at 10:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
 Date of onset unknown
 Other contributory causes of importance: 16 20
Pinworm

Name of operation Cholecystectomy Date of 1940
 What test confirmed diagnosis? Cholecystectomy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) C. L. Keithley
 _____ (Address) Milo, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 2-40-2522
Date Filed 2-13-40

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 Personnel,
....., Registered Apprentice No.

working under my personal supervision.

Signed L.B. Ferry

Licensed Embalmer No. 1760

P. O. Address Newada, 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, above space should be left blank.