

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23986**

FILED JUL 31 1948

Registration District No. **305**

Primary Registration District No. **6047**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **St. Charles**
 (b) City or town **Township Culver**
 (c) Name of hospital or institution: **None 3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 In this community **None** (Specify whether years, months or days)

3. (a) PRINT **Homer Anderson Sams**
FULL NAME

3. (b) If veteran, name war. 3. (c) Social Security No. **261-18-6378**

4. Sex **MD** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eva Clara Sams** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 hr. min.

9. Birthplace **Rockwell City Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Anderson Sams**

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Morton,**

(b) Address **Rockwell City Iowa**

17. (a) **Burial** (b) Date thereof **7-16-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rockwell City Iowa**

18. (a) Signature of funeral director **Marilyn Murshon**

(b) Address **Wentzville Mo**

19. (a) **7/16/48** (b) **M.F. Duff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Calhoun 999**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Two miles west of Wentzville**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14th**
 year **1948** 1 hour **11:30** minute **A.** M.

21. I hereby certify that **inquest July 14, 1948**
 * * * * *

that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Jury verdict

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **None 94a**

22. If death was due to external causes, fill in the following: **Accident 92**

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **July, 14, 1948**

(c) Where did injury occur? **Wentzville St. Charles, Mo**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #40 3

- While at work? **no** (Specify type of place) (e) Means of injury **Heart Attack**

23. Signature **Marilyn Murshon** Address **Wentzville, Mo** Date signed **7-14-48**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed July 30 1948

JUL 31 1948

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.....

Howard Oscar Keasler....., Registered Apprentice No. 201
working under my personal supervision.

Signed Marie Muehony
Licensed Embalmer No. 2441

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.