

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

587

BIRTH NO.		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 1239		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY CEDAR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CEDAR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, LINN TOWNSHIP		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, LINN TOWNSHIP		d. STREET ADDRESS (If rural, give location) 7 Miles S. of Stockton, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles S. of Stockton, MO.				d. STREET ADDRESS (If rural, give location) 7 Miles S. of Stockton, MO.			
3. NAME OF DECEASED (Type or Print) SAMPSON		a. (First) ELIJAH		b. (Middle) WILLIAMS		c. (Last) WILLIAMS	
4. DATE OF DEATH JAN. 12 1949		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 3, 1881		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) CEDAR COUNTY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Sollie Williams		13b. MOTHER'S MAIDEN NAME SARAH E. POTTS		14. NAME OF HUSBAND OR WIFE ROSA E.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Sampson E. Williams		ADDRESS Stockton, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 type="checkbox"/> NO <input checked="" type="checkbox"/>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH month			
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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 11-22-1948, to 1-11-1949, that I last saw the deceased alive on 1-11-1949, and that death occurred at 11:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Wm. B. Richter M.D.		(Degree or title)		23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 1-13-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 13, 1949		24c. NAME OF CEMETERY OR CREMATORY GUM SPRINGS CEM.		24d. LOCATION (City, town, or county) (State) STOCKTON, MO.	
DATE REC'D BY LOCAL REG. 1-15-49		REGISTRAR'S SIGNATURE Geneva Garrison		54		25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon	
						ADDRESS Stockton, Mo.	

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED
District No. 7,
District File Number 12-48-1628
Date Filed 4-18-49

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. 757

working under my personal supervision.

Signed James L. Gentry
Student Embalmer

Signed John A. Cantlon
Licensed Embalmer No. 4387

P. O. Address Stockton, MD

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.