

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11772

State File No.

Registrar's No. 32

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 4074		Registrar's No. 32			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Ridge, Mo</u>		c. LENGTH OF STAY (In this place) <u>68</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Ridge, Mo.</u>		16 0 0 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Samuels</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1949</u>		
5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 15, 1880</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oak Ridge, Mo. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>J. T. Samuels</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Linebarger</u>			14. NAME OF HUSBAND OR WIFE <u>Stella Crites</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Stella Samuels, Oak Ridge, Mo.</u>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2417</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>March 28 1949</u> , to <u>April 7</u> , 1949, that I last saw the deceased alive on <u>April 7, 1949</u> , and that death occurred at <u>6:30 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE OF REGISTRAR <u>W. B. Blaylock</u> (Name or title)				23b. ADDRESS <u>M. D. O. Oak Ridge Mo</u>				23c. DATE SIGNED <u>4-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Ridge, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Apr 14-49</u>		REGISTRAR'S SIGNATURE <u>A. G. Suber 43</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson Stotler Seabough, Jackson, Mo.</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4816
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HEALTH OFFICER No. 4
Lic. No. 449-51
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.

working under my personal supervision.

Signed R. O. Laird

Signed.....
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, Me

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.