

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15662

|   |                             |   |  |   |  |   |  |  |  |
|---|-----------------------------|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |                             | REG. DIST. NO. 138  |  | PRIMARY REG. DIST. NO. 5523   |  | Registrar's No. 116                               |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Hickory</u>   |                             |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>   |  |   |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pittsburg</u>   |                             | c. LENGTH OF STAY (In this place)   |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Green Township</u>  |  | d. STREET ADDRESS (If rural, give location) _____ |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |                             |   |  | d. STREET ADDRESS _____   |  |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>AVIS</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Samples</u>  |                             |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-24-1949</u>                             |   |  |   |  |  |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>O W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>                                       | 8. DATE OF BIRTH <u>April-12-1906</u>  |   | 9. AGE (In years last birthday) <u>43</u>                          | If UNDER 1 YEAR<br>Months <u>0</u> Days <u>11</u> | If UNDER 4 HRS.<br>Hours _____ Min. _____  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>   |                             |   | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Mo</u>     |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |  |
| 13a. FATHER'S NAME <u>John W. Samples</u>   |                             |   | 13b. MOTHER'S MAIDEN NAME <u>Effie Kirt Patrick</u>                                    |   | 14. NAME OF HUSBAND OR WIFE <u>1907-49</u>                         |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____  |                             | 16. SOCIAL SECURITY NO. _____   | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lawrence Sample, Urbana, Mo</u> ADDRESS _____ |   |  |   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                 |                             |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Fracture left femur</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hour</u><br><u>2 weeks</u><br><u>845</u><br><u>46</u> |  |
| 19a. DATE OF OPERATION <u>April 13</u>  |                             | 19b. MAJOR FINDINGS OF OPERATION <u>Fracture left femur</u>   |  |   |  |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                             | 21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) _____                    |  | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Pittsburg</u> (COUNTY) <u>Hickory</u> (STATE) <u>Mo.</u>  |  | 21f. HOW DID INJURY OCCUR? <u>Fall from horse</u> |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 11 - 49 10:30 a.</u>   |                             | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |   |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Feb 7 to the April 4 1949</u> that I last saw the deceased alive on <u>April 24 1949</u> , and that death occurred at <u>12</u> a.m., from the causes and on the date stated above. |                             |   |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>C. R. Bailey, D. O.</u>   |                             |   |  | 23b. ADDRESS <u>Urbana, Mo.</u>   |  | 23c. DATE SIGNED <u>April 24</u>                  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                             | 24b. DATE <u>APRIL-27-1949</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg Cem.</u>                               |   | 24d. LOCATION (City, town, or county) (State) <u>Pittsburg, Mo</u> |   |  |  |  |
| DATE REC'D BY LOCAL REG. <u>May 17-1949</u>   |                             | REGISTRAR'S SIGNATURE <u>U. P. Hargiss</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>121 Vaughan</u>   |  | ADDRESS <u>Reese Urbana, Mo</u>                   |  |  |  |

Licensed Embalmer's Statement on Reverse Side

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

**RECEIVED**

District Health Officer No. 7

District File Number 4-49-59

Date Filed 5-24-49

**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.

Student .....  
Student Embalmer

Signed Allen W. Sangler

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo

**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.