

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 576

BIRTH NO.		REG. DIST. NO. 72	PRIMARY REG. DIST. NO. 5289	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural, Gallitan Twp.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural, Gallitan Twp.		
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) R.R. 2 Liberty, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				
3. NAME OF DECEASED (Type or Print) a. (First) Jacob		b. (Middle) J.		c. (Last) Samborski
4. DATE OF DEATH (Month) 1- (Day) 2- (Year) 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-18-1862	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Romania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Christopher Samborski		13b. MOTHER'S MAIDEN NAME Catherine Golowy		14. NAME OF HUSBAND OR WIFE Eva Samborski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Eva Samborski, R.R. 2 Liberty 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7 months 1 Year 151X
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Nov, 1949, to Jan, 1950, that I last saw the deceased alive on 2 Jan 1950, and that death occurred at 4 P. M., from the causes and on the date stated above.				
23a. SIGNATURE C. D. Dwyer, M.D.		23b. ADDRESS 1405 North Kan City, Mo.		23c. DATE SIGNED Jan 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-1950	24c. NAME OF CEMETERY OR CREMATOR Mt Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas.
DATE REC'D BY LOCAL REG Jan 4 - 1950		REGISTRAR'S SIGNATURE Beulah Kitchener		25. FUNERAL DIRECTOR'S SIGNATURE Morton-Smith's F.H. N.K.C. Mo.

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

1-7-50
RECEIVED JAN 7
District Health Officer No. 8,
District File Number _____
Date Filed 1-11-50

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 *Thomas O Smith*

Licensed Embalmer No. 3928

P. O. Address *North K.C. 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, fact should be so stated above.