

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21315**

FILED JUN 22 1950

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **204**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) River Mines, Mo.	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) River Mines, Mo.	1943
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Mr. Charles	a. (First) William	b. (Middle) Sample	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 5 1950
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5. SEX male	6. COLOR OR RACE white male	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 23-1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 5 Days 12	IF UNDER 2 Hrs. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveler, Shanty-Erection	10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co.	11. BIRTHPLACE (State or foreign country) Madison County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mr. George Sample	13b. MOTHER'S MAIDEN NAME Mary Custer	14. NAME OF HUSBAND OR WIFE Ethel Mathews Howard Sample
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 193-03-9357	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Mathews Howard Sample	ADDRESS River Mines, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict coroner jury "deceased"	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) came to his death from natural DUE TO (c) caused due to heart failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7824

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE. Paul J. Miller Coroner for Paulkirk	(Degree or title)	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 6/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7-19 50	24c. NAME OF CEMETERY OR CREMATORY Rhodes Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Madison County Missouri
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DATE REC'D BY LOCAL REG. June 12, 1950	REGISTRAR'S SIGNATURE Ethel Reedhoff	25. FUNERAL DIRECTOR'S SIGNATURE Alice W. Hood	ADDRESS 303 Crane St. 2nd River, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 17 1950

DISTRICT HEALTH OFFICE No. 1

File No. 650-819

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Alvin W. Hood

Signed
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Pruss St. Flat 2, Wash, D.C.

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.