

S. No. 300
V. 10.48

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29945

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST ALBANS BOLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Albans Boles, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8716. Olden</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>SAMPSON</u> c. (Last) <u>SAMPSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 1, 1873</u>
9. AGE (In years last birth day) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscaper, Gardner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Auditing</u>	11. BIRTHPLACE (State or foreign country) <u>Denmark</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andrew Martin</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Sampson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>493-20-9372</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Schmidt</u>		ADDRESS <u>St. Louis, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis (general)</u> DUE TO (c) <u>Hypertension of underyed</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NAT.</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Albans Boles, Franklin, MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Sept 30, 1950</u> , to <u>Sept 16, 1950</u> , that I last saw the deceased alive on <u>Sept 16, 1950</u> , and that death occurred at <u>3 AM</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Mrs. P. Shotton</u> (Degree or title) <u>Registered Nurse</u>		23b. ADDRESS <u>308 N. Broadway, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>9/22/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 27, 1950</u>		24c. NAME OF GEMETERY OR CREMATORY <u>Ross Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Donnan, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Shields</u>	
25. ADDRESS <u>Pacific, Mo.</u>		DATE REC'D BY LOCAL REG. <u>9/23/50</u>	
REGISTRAR'S SIGNATURE <u>Mary B. Green</u>		94	

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

360
3

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 25 1950

RECEIVED

SEP 26 1950

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 Geo. L. Shuler

Licensed Embalmer No. 3008

P. O. Address Aspen, 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.