

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32911**

BIRTH NO. _____ REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 5213 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) Eastwood <i>Keckley, J.</i>		c. CITY (If outside corporate limits, write RURAL and give township) Eastwood <i>Keckley, J.</i>	
c. LENGTH OF STAY (to this place) 90 Days		d. STREET ADDRESS (If rural, give location) 01500	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) _____	
c. (Last) Samples		4. DATE OF DEATH (Month) (Day) (Year) 10-7-50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH March 28-1882
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 6	11. IF UNDER 24 HRS. Days 9 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) Parkville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Velora Samples		13b. MOTHER'S MAIDEN NAME Elizabeth Marvel	
14. NAME OF HUSBAND OR WIFE Mabel			
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. NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. William Samples		ADDRESS Eastwood 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken rib punctured heart 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 8224 32			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		018	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hghy C	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Eastwood Carter Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-7-1950 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Pickup Truck overturned			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Seaton Permitt</i> 3 Cor		23b. ADDRESS Van Buren, Mo.	
23c. DATE SIGNED Oct 10-50			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 10-12-50	
24c. NAME OF CEMETERY OR CREMATORY Eastwood Cemetery		24d. LOCATION (City, town, or county) (State) Eastwood, Mo.	
DATE REC'D BY LOCAL REG. Oct. 10-50		REGISTRAR'S SIGNATURE <i>Mrs. Oeta Neuson</i> 50	
25. FUNERAL DIRECTOR'S SIGNATURE Phil A. Leuckel		ADDRESS Van Buren, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

01800

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, on 10-7-5

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Don Buentno

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.