

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37552

State File No.

FILED DEC 1 1951

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4971

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 6007-E 16 th ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6007-E-16 th ST			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) SAMPSON			4. DATE OF DEATH (Month) (Day) (Year) NOV 17-1957		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB 27-1873		9. AGE (in years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR	
11. BIRTHPLACE (State or foreign country) RICH Hill Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A		10b. KIND OF BUSINESS OR INDUSTRY FACTORY	

13a. FATHER'S NAME Ellick Sampson		13b. MOTHER'S MAIDEN NAME Sarah Hall		14. NAME OF HUSBAND OR WIFE Cora Tibbitts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 500-03-2777		17. INFORMANT'S SIGNATURE OR NAME Cora Sampson 6007-E-16 th ST	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza		1 week	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11/7, 1951, to 11/18, 1951, that I last saw the deceased alive on 11/18, 1951; and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R.A. Williams		23b. ADDRESS 5-400 St. John Kansas City Mo		23c. DATE SIGNED 11/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 20-51		24c. NAME OF CEMETERY OR CREMATORY Mt Washington	
24d. LOCATION (City, town, or county) Kansas City Mo		24e. SIGNATURE (City, town, or county) Kansas City Mo		24f. ADDRESS	
DATE REC'D BY LOCAL REG. 11-20-51		REGISTRAR'S SIGNATURE Geraldine Holmes		FURNERAL DIRECTOR'S SIGNATURE J. P. ...	

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

*Dr. Robert W. Johnson
5465 -
5/4/65 -
3:00 PM.*

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John P. Sheil*
Licensed Embalmer No. *3635*
P. O. Address *L. 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.