

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41745
5515

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Gram Valley - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hosp -</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. S. West X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samantha</u> b. (Middle) <u>E</u> c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21-1951</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov-19-1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR (Month) (Days) <u>72</u>	IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Nurse aids</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jackson Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Linton Bridgeline</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bridgeline</u>	14. NAME OF HUSBAND OR WIFE <u>Edward - Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Moore</u> ADDRESS <u>Gram Valley 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>?</u> <u>33 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	21b. PLACE OF INJURY (e.g., to 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 12/17/51 to 12/21/51, that I last saw the deceased alive on 12/20/51, and that death occurred at 2:00 PM, from the causes and on the date stated above.

23. SIGNATURE <u>James A. Jervis MD</u> (Degree or title)	23b. ADDRESS <u>Kansas City, Mo</u>	23c. DATE SIGNED <u>12/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Adams County</u>	24d. LOCATION (City, town, or county) (State) <u>Gram Valley Mo</u>
DATE REC'D BY LOCAL REG. <u>12-22-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Helmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u> ADDRESS <u>Blue Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 JR B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.