

STANDARD CERTIFICATE OF DEATH

State File No. 243
Registrar's No. 243

FILED JAN 14 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE R. 4
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION CARTHAGE RFD #4

2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - (Jasper Twp.)
d. STREET ADDRESS (If rural, give location) ROUTE 4 CARTHAGE MO

3. NAME OF DECEASED:
(Type or Print) a. (First) AXEL b. (Middle) FREDRICK c. (Last) SAMPSON.

4. DATE OF DEATH (Month) (Day) (Year) 12-25-51

5. SEX M. O.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 5/27/1875

9. AGE (In years) last birthday 76
IF UNDER 1 YEAR: MONTHS _____ DAYS _____
IF UNDER 24 HRS.: HOURS _____ MIN. _____

10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) Stockholm SWEDEN

12. CITIZENRY OF WHAT COUNTRY? USA.

13a. FATHER'S NAME N. F. SAMPSON

13b. MOTHER'S MAIDEN NAME CHRISTINA OLSON.

14. NAME OF HUSBAND OR WIFE CECILIA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Cecilia Sampson

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crisis of Renal with Intoxic. Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis, Arteriosclerosis - Generalized

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 154X

22. I hereby certify that I attended the deceased from 2-26, 1951, to 12-25, 1951, that I last saw the deceased alive on 9/1, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur M. Brown

23b. ADDRESS Verthick, Mo.

23c. DATE SIGNED 12-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 12/29/51

24c. NAME OF CEMETERY OR CREMATORY FORREST PARK

24d. LOCATION (City, town, or county) (State) JOPLIN MO

DATE REC'D BY LOCAL REG. 12-28-51

REGISTRAR'S SIGNATURE J. B. Clinton, MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURLBUR GLOVER MORTUARY

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

504 grad

RECEIVED 1-3-52
Jasper County Health Office

County File Number 52/1/8

Date Filed 1-3-52

837 9 11/14

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

Bob Boyer

working under my personal supervision.

Student Embalmer No. 430

Signed *Robert J. Boyer*
Student Embalmer

Signed *Ferry K. Hurlbut*

Licensed Embalmer No. 95-9

P. O. Address *Jasper 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.