

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7600**

MAR 23 1952

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stewart Nursing Home				d. STREET ADDRESS (If rural, give location) Stewart Nursing Home			
3. NAME OF DECEASED a. (First) William b. (Middle) Ellis c. (Last) Sampson			4. DATE OF DEATH March 18, 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 1, 1883	
9. AGE (In years) 68		IF UNDER 1 YEAR Last birthday) Months 68 Days 68		IF UNDER 24 HRS. Hours 68 Min. 68		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Sawmill		11. BIRTHPLACE (City and State or Foreign Country) Callaway County		0	
13a. FATHER'S NAME Hugh T. Sampson		13b. MOTHER'S MAIDEN NAME Betty Ann Kemp		14. NAME OF HUSBAND OR WIFE unknown			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME Nolan Sampson ADDRESS Rt. 5 Fulton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Evidently cancer of throat							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Very senile							
DUE TO (c) brooked for two yrs							
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 148X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Fulton, Callaway, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 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 W. Lawrence (Degree or title) Coroner				23b. ADDRESS Fulton Mo		23c. DATE SIGNED 3/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 20/52		24c. NAME OF CEMETERY OR CREMATORY Millers Creek Cm.		24d. LOCATION (City, town, or county) (State) Millersburg Callaway Mo.	
DATE REC'D BY LOCAL REG. Mar 22-1952		REGISTRAR'S SIGNATURE Maretha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Maryann Funeral Home ADDRESS Fulton Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

43
4

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 J. D. Patton
Licensed Embalmer No. 2855

P. O. Address Autler, 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.