

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27255**

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **886**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 18 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2302 1/2 Davis Blvd.		d. STREET ADDRESS (If rural, give location) 2302 1/2 Davis Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) LAURA		b. (Middle) FRANCIS	
		c. (Last) SAMPLE	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 18 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14 1874
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 1 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Bloomfield Iowa
12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Barton		13b. MOTHER'S MAIDEN NAME Josephine Wheaton	
14. NAME OF HUSBAND OR WIFE William H Sample			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME William H. Sample		ADDRESS St. Joseph 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) Cancer of stomach 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 Aug 10 - 1952 to Aug 18, 1952 , that I last saw the deceased alive on Aug 17, 1952 and that death occurred at 3:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Reverend Brock M. W.		23b. ADDRESS King Hill Bldg.	
23c. DATE SIGNED 8/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 20 1952	
24c. NAME OF CEMETERY OR CREMATORY Green Cemetery		24d. LOCATION (City, town, or county) (State) Andrew Co. Missouri	
DATE REC'D BY LOCAL REG. Aug 22, 1952		REGISTRAR'S SIGNATURE Carl C. Casey	
25. FUNERAL DIRECTOR'S SIGNATURE Stoney David Home		ADDRESS St. Joseph Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0117

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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.