

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44662**

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NOEL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NOEL - 0600</u>	
c. LENGTH OF STAY (in this place) <u>7 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMPSON</u> b. (Middle) <u>-PRESTON-</u> c. (Last) <u>LETT.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-52</u>		
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5. SEX <u>M</u> <u>W</u>		6. COLOR OR RACE <u>M</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>3-17-1874</u>		9. AGE (In years last birthday) <u>78</u> MONTHS <u>7</u> DAYS <u>19</u>		10. IF UNDER 1 YEAR IF UNDER 6 HRS. Hour Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SURVEYOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>			11. BIRTHPLACE (State or foreign country) <u>NEOSHO CO. KANSAS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>W-G. LETT.</u>			13b. MOTHER'S MAIDEN NAME <u>ELLEN-WOLFE</u>			14. NAME OF HUSBAND OR WIFE <u>CORA-B. LETT.</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CORA LETT. NOEL-MO</u>				ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		DUE TO (b) <u>Chronic Myocarditis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>4 myocardial infarction</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1949, to 11-6, 1952, that I last saw the deceased alive on 11-6, 1952, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Fountain, M.D.</u> (Degree or title)			23b. ADDRESS <u>Noel, Mo.</u>			23c. DATE SIGNED <u>Jan 17, 53</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SARATOGA</u>		24d. LOCATION (City, town, or county) (State) <u>SOUTH WEST CITY-MO</u>			
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DATE REC'D BY LOCAL REG. <u>1-20-53</u>		REGISTRAR'S SIGNATURE <u>Maxwell Humphrey</u> <u>423-</u>			25. FEDERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u>			ADDRESS <u>Lincoln, Mo.</u>	
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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 *R. M. Humphrey Jr.* _____

Licensed Embalmer No. *4701* _____

P. O. Address *Noel, Pa.* _____

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.