

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

415

State File No.

FILED JAN 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>4053</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeKalb</u>		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeKalb</u>		<u>5113</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeKalb (Home)</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Sampson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 2, 1953</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>November 30, 1852</u>		9. AGE (In years last birthday) <u>100</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>unk. Hickman</u>		14. NAME OF HUSBAND OR WIFE <u>Willis C.</u>				
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 ADDRESS <u>Mrs. Florence Underwood, DeKalb, Missouri</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	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Hemorrhage</u>		DUE TO (b) <u>General Arteriosclerosis</u>			DUE TO (c) <u>Senility</u>	<u>1 day</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>10 yrs est.</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right hip about 1 year ago</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>011</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>De Kalb Buchanan Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in home</u>				
22. I hereby certify that I attended the deceased from <u>on 1/2</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:40 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>			23b. ADDRESS <u>St Joseph Mo</u>			23c. DATE SIGNED <u>1/2/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/4/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan 8, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Bowman</u>		ADDRESS <u>St Joseph, Mo.</u>		

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 George Carter.....

Licensed Embalmer No. 4814.....

P. O. Address 39 310th St. Blough.....

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.