S. No. 300
v. 10-48

Dr Lamb

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18851

BIRTH NO. FILED JUN 3 1953 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No.

781
0

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halloned 0780
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Terry Lee Samford

4. DATE OF DEATH (Month) (Day) (Year): 5-12-53

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 9-20-51
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 7 Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oklahoma City Okla.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Paul Samford
13b. MOTHER'S MAIDEN NAME: Claus Godsey
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Paul Samford — ADDRESS: Halloned 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): Congenital Heart Disease (Blue Baby) (History)

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.

This pt. was dead upon my arrival at Emerg. Rm. Pemiscot Co. Mem. Hosp. Hayti, Mo. Hist. above taken from Prev. Hosp. Records WM Dr Lamb MD

INTERVAL BETWEEN ONSET AND DEATH: Birth to Death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7544
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?

22. *I hereby certify that I attended the deceased from* Patient first seen in Emerg. Rm. Pemiscot Co. Hosp. Hayti, Mo *19*__ *to* 5/17/53 *19*__, *that I last saw the deceased alive on* Pt. was dead on my arrival *19*__, *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Woodrow McDaniel, M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-14-53
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): Steele Mo

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: John W. German 406-0
25. FUNERAL DIRECTOR'S SIGNATURE: German Undt Co — ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

6-180-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 1 1953

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 working under my personal supervision.

Student Embalmer No.

Signed John H German

Licensed Embalmer No. 4355

P. O. Address Hayti Mo

Signed
Student Embalmer

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.