

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **24267**

FILED AUG 7 - 1953

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 215			
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE					
b. CITY OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (in this place) 24 hrs		c. CITY OR TOWN Linn, Mo. RD		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Chas E. Still Hospital				e. STREET ADDRESS (If rural, give location) Jeri Linn, Mo., RFD. 0760					
3. NAME OF DECEASED (Type or Print) a. (First) Helen.			b. (Middle) Theresa		c. (Last) Samson		4. DATE OF DEATH (Month) (Day) (Year) Aug 5, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April, 12, 1920		9. AGE (In years last birthday) 33 IF UNDER 1 YEAR: Months 3 Days 23 IF UNDER 24 HRS: Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Employed			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Linn, Mo. R.D. 0			12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Samson			13b. MOTHER'S MAIDEN NAME Christina Maasen			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Chas J. Samson				ADDRESS Linn, Mo. R D.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Subacute Endocarditis DUE TO (c) Childbirth II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> INTERVAL BETWEEN ONSET AND DEATH 4 hrs							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 684X						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)		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 4, 1953 to Aug 5, 1953 , that I last saw the deceased alive on Aug 5, 1953 , and that death occurred at 8:00 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Thomas W. Baldwin, D.D.				23b. ADDRESS Linn			23c. DATE SIGNED 8/5/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/53		24c. NAME OF CEMETERY OR CREMATORY St. George Cemetary		24d. LOCATION (City, town, or county) (State) Linn, Mo.			
DATE REC'D BY LOCAL REG. Aug 5 - 1953		REGISTRAR'S SIGNATURE R. P. Davis M.D. - M.P.		25. FUNERAL DIRECTOR'S SIGNATURE Clayde Norton		ADDRESS Norton Funeral Home, Linn, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Vernon M. Morton*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Linn 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.