

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43791

State File No.

FILED DEC 31 1953

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 185	
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Holland		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				e. STREET ADDRESS (If rural, give location) 5780			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie			b. (Middle) B.		c. (Last) Samford		4. DATE OF DEATH (Month) (Day) (Year) November 3 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-14-1905		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 1 Days 19	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gro.		11. BIRTHPLACE (City and State or Foreign Country) Holland, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wesley Samford			13b. MOTHER'S MAIDEN NAME Linda B. Moore		14. NAME OF HUSBAND OR WIFE Florene Samford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-38-7989		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florene Samford, Holland, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrospinal Meningitis					
		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. Chronic alcoholism					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		20570	
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?			
22. I hereby certify that I attended the deceased from 10/28, 1953, to 11/3, 1953, that I last saw the deceased alive on 11/3, 1953, and that death occurred at 6:45 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Warren R. McCoy M.D.				23b. ADDRESS Caruthersville, Missouri		23c. DATE SIGNED 11/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-5-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Steele, Missouri		
DATE REC'D BY LOCAL REG 11-13-53		REGISTRAR'S SIGNATURE John W. German 406-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS German Undertaking Co, Steele, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

078/0

OK. Rep.

EB

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.....

Licensed Embalmer No.....

P. O. Address

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.