

FILED JAN 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 330

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5124 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural: Bloomington Twp.		c. CITY OR TOWN DeKalb	
c. LENGTH OF STAY (in this place) life		d. Is 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 1 mile east of DeKalb, Mo.			
e. STREET ADDRESS (If rural, give location) R. R. #1 0110 0			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Sampson		4. DATE OF DEATH (Month) (Day) (Year) January 20, 1955	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 15, 1876
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo. 0
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Sampson		13b. MOTHER'S MAIDEN NAME Mary Mears		14. NAME OF HUSBAND OR WIFE Leila May	
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Leila Sampson, R.R.#1, DeKalb, Mo.	
				ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis arteriovenous		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? 331 X	

22. I hereby certify that I attended the deceased from 1-14-1955, to 1-24-1955, that I last saw the deceased alive on 1-14-1955, and that death occurred at 11:47 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 2702 R. Harris, D.O.		23b. ADDRESS 103 W. Mo. Ave. City		23c. DATE SIGNED 1-21-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/22/1955		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb, Missouri	
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DATE REC'D BY LOCAL REG. Jan 26, 1955		REGISTRAR'S SIGNATURE Esther M. Allison 485-		25. FUNERAL DIRECTOR'S SIGNATURE Address Weston-Cawman St. Joseph Mo.	
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(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 *William Spidley*

Licensed Embalmer No. *4535*

P. O. Address *395 11th St*

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.