

XC # 1480 86 62
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29073

STATE FILE NUMBER 7727

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL 915 N.			Length of stay in lb 137 DAYS	d. STREET ADDRESS (If outside, give location) 5093 RIDGE	
3. NAME OF DECEASED (Type or print) First Middle Last DAN SAMPLE			4. DATE OF DEATH Month Day Year 8-17-56		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-9-92	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) GOODMAN, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM SAMPLE			14. MOTHER'S MAIDEN NAME REBECCA JOHNSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I		16. SOCIAL SECURITY NO. 494-10-2783	17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left ventricle failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) 450.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH Unk. Unk.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month Day Year p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION VA	COUNTY	STATE	
21. I attended the deceased from 4-2-56 to 8-17-56 and last saw him alive on 8-17-56. Death occurred at 7:58 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. Johnson, M.D. - M.D.			22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 8-18-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 21, 1956	23c. NAME OF CEMETERY OR CREMATORY NATIONAL	23d. LOCATION (City, town, or county) Jefferson Barracks	(State) Mo.	
24. FUNERAL DIRECTOR J. H. RANDLE & SON		ADDRESS 3133 Bell Ave.	25. DATE RECD. BY LOCAL REG. AUG 20 1956	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S. P.	

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 *Arthur L. Herliard*

Licensed Embalmer No. *42*

P. O. Address *4107 J*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.