

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34590**  
Registrar's No. **53**

FILED OCT 18 1956

BIRTH NO. **71420-56** REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **4256**

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holden</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY OR TOWN <b>Blairstown</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Holden Hospital &amp; Clinic</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>Blairstown, Missouri 2500</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Barbara</b> b. (Middle) <b>Ann</b> c. (Last) <b>Sammons</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 15, 1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>	8. DATE OF BIRTH <b>Oct 10, 1956</b>	9. AGE (In years last birthday) <b>no</b>	IF UNDER 1 YEAR Months <b>no</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Holden, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Howard E. Sammons</b>	13b. MOTHER'S MAIDEN NAME <b>Florence Williams</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>XXXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Howard E. Sammons</b>	ADDRESS <b>Blairstown, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hydrocephalus</b>		
	DUE TO (c)		
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? <b>752 X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **10-10-56**, 19**56**, to **10-15-56**, 19**56**, that I last saw the deceased alive on **10-15-56**, 19**56**, and that death occurred at **11:52 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G.W. Howland</b>	23b. ADDRESS <b>Holden, Mo</b>	23c. DATE SIGNED <b>10-16-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Oct 16, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Page Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>Quick City, Missouri.</b>
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DATE RECD BY LOCAL REG. <b>10-16-1956</b>	REGISTRAR'S SIGNATURE <b>Mrs. G. V. Redford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. J. Capp</b>	ADDRESS <b>Holden, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48

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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 *M. J. Canaday*.....

Licensed Embalmer No. *343*.....

P. O. Address *Holden*.....

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.