

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37792

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 53-23 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greene</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Greene (Rural)</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>15 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>Residence on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>EFFIE Belle Samples</u>			4. DATE OF DEATH Month Day Year <u>Nov-21-1956</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 25-1874</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days Hours Min. <u>11 28</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and state or country) <u>HICKORY CO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Lafette Kirkpatrick</u>			14. MOTHER'S MAIDEN NAME <u>Jennie Lawrence</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>J. T. Samples - Pittsburg, Mo</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular-Renal disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>442x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
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 a. m. p. m. Month, Day, Year								
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			CITY STATE	
21. I attended the deceased from <u>Mar 3-56</u> to <u>Nov 21-56</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Nov 21-56</u> . Death occurred at <u>8 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>C. Bailey M.D.</u>				22b. ADDRESS <u>Urbanville</u>		22c. DATE SIGNED <u>Nov 23 56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-23-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg, Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>HICKORY CO, MO</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Allen Vaughan Urbanville</u>			25. DATE RECD. BY LOCAL REG. <u>Nov 24-1956</u>		26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *Allen W. Vaughan*.....

Licensed Embalmer No. *415*

P. O. Address *Urbana, Ill.*

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.