

Dept. Health,
& Welfare
U. S. Public
Health Service
830
V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026536
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston <i>Weston</i>		c. CITY OR TOWN Weston <i>0830</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Matthew's Home		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 5 months		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Ethel Last Samples			4. DATE OF DEATH Month July Day 17 Year 1958		
--	--	--	--	--	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 11, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
-------------------------	----------------------------------	---	--	--	---	-----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Berry, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME Benjamin F. Williams	13b. MOTHER'S MAIDEN NAME Kate Hamm	14. NAME OF HUSBAND OR WIFE Charles W. Samples
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Frank Samples	Address Weston, 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) Senile Dementia		INTERVAL BETWEEN ONSET AND DEATH 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis	3 years
	DUE TO (c) Senile arterial degeneration	3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Procedentia (complete uterine prolapse)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> XXXXXXXXXXXX	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXXXXXXXX
--	---

20c. TIME OF INJURY Hour Month, Day, Year a.m. XXXXXX p.m. XXXXXX	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> XXXXXXXXXXXX	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXXXXX	20f. CITY, TOWN, OR LOCATION Weston	COUNTY Platte	STATE Missouri
--	---	---	---	-------------------------	--------------------------

21. I attended the deceased from January 15 58 , to July, 17, 1858 and last saw her alive on July, 17, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <i>Lewis B. Calvert M.D.</i>	(Degree or title)	22b. ADDRESS Weston, Missouri	22c. DATE SIGNED 7/18/58
--	-------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-19-1958	23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	23d. LOCATION (City, town, or county) Weston, Missouri	(State)
--	-------------------------------	---	--	---------

24. FUNERAL DIRECTOR Vaughn Funeral Home	ADDRESS Weston, Mo.	25. DATE RECD. BY LOCAL REG. July 19-1958	26. REGISTRAR'S SIGNATURE <i>Alphie Rollins</i>
--	-------------------------------	---	--

(Licensed Emballer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5
6

FEB 20 1959



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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo

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.