Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004235
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN El Dorado Springs 0201 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) E. Fields Blvd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Rosa Middle Mae Last Sams
4. DATE OF DEATH: Month Feb. Day 3 Year 1959
5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: 8-15-1882
9. AGE (In years last birthday): 76 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Al Taylor
13b. MOTHER'S MAIDEN NAME: Martha Wells
14. NAME OF HUSBAND OR WIFE: Chester Sams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Bonnie Gomez, Address: Wichita, Kans.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis of the abdomen — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary carcinoma of the uterus
NOTE: 1st. symptoms of bleeding was about July 15,1958,
DUE TO (c) patient not seen by a doctor until Jan.15,1959.
NOT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic cardio-vascular renal disease with hypertension. 174X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 20,1959, to Feb. 3,1959 and last saw her alive on February 3,1959
Death occurred at Nevada, Mo. 2:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. B. Wray, M. D.
22b. ADDRESS Moore Bldg., Nevada, Missouri
22c. DATE SIGNED 2-4-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-6-1959
23c. NAME OF CEMETERY OR CREMATORY El Dorado Sprgs. Cem.
23d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS Gwinn-Carothers, El Dorado Sprs. Mo.
25. DATE RECD. BY LOCAL REG. 2-7-1959
26. REGISTRAR'S SIGNATURE Anna E. Terry

(Licensed Embalmer'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

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 Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Spg

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.