SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-021796
STATE FILE NUMBER

AMENDED

Registration District No. 176 Primary Registration District No. 5661 Registrar's No.

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Turnback Township — Length of stay in 1b: 26 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Mt. Vernon, Route #1 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 9 miles East — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Louie Middle: E. Last: Samsel
4. DATE OF DEATH: Month: June Day: 9 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/28/1893
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Charley Samsel
13b. MOTHER'S MAIDEN NAME: Olive Cotty
14. NAME OF HUSBAND OR WIFE: Clara Pendleton

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. Clara Samsel Address: Rt. #1, Mt. Vernon, Mo.

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): Broken neck
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hanging self with rope
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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: 6-9-1961

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.): Farm
20f. CITY, TOWN, OR LOCATION: Turnback Township COUNTY: Lawrence STATE: Mo.

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edwin Wilhs (Degree or title): Coroner
22b. ADDRESS: Pierce City, Mo.
22c. DATE SIGNED: 6-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/12/1961
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State): Marionville, Missouri

24. FUNERAL DIRECTOR: J. Dean Harris ADDRESS: Clever, Missouri
25. DATE RECD. BY LOCAL REG.: 6/12/61
26. REGISTRAR'S SIGNATURE: Hardwicke M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

OCT 25 1962

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 Gilbert Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.