

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-000128**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 9

STATE FILE NUMBER

AMENDED

**FILED JAN 24 1962**

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONETT</b>		Length of stay in 1b <b>?</b>	c. CITY OR TOWN <b>AURORA</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>770 MIAE WEST OF 37460 HWY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1007 S. HUDSON</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LOY EUGENE SAMUELS</b>			4. DATE OF DEATH Month Day Year <b>JANUARY 16, 1962</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 15/40</b>
9. AGE (last birthday) <b>21</b>		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) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>	11. BIRTHPLACE (City and state or country) <b>Madry, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>FRED SAMUELS</b>	
13b. MOTHER'S MAIDEN NAME <b>MARIE HOBSON</b>		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 1957-1958</b>		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT <b>Mrs. Marie Summers; Aurora, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>POSSIBLE BROKEN NECK &amp; INTERNAL INJURY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? MINUTES</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>AUTO ACCIDENT</b>	
20c. TIME OF INJURY Hour a.m. <b>XX</b> Month, Day, Year <b>1-16-1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>9/10 mile west of 37460</b>		20f. CITY, TOWN, OR LOCATION <b>MONETT</b>	COUNTY <b>BARRY</b>
STATE <b>MISSOURI</b>			
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at <b>about 2 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Deputy Coroner, Sheriff Bill Humphreys</b>		22b. ADDRESS <b>Cassville Mo</b>	22c. DATE SIGNED <b>1-18-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1/19/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>AURORA, MO.</b>
24. FUNERAL DIRECTOR <b>ARNOLD'S</b>	ADDRESS <b>FUNERAL HOME: AURORA, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan-18-1962</b>	26. REGISTRAR'S SIGNATURE <b>Mrs P.N. Cook</b>

FEB 6 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 *John R. Russell*

Licensed Embalmer No. 4929

P. O. Address Acara, 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.