

FILED MAY 9 1955

STANDARD CERTIFICATE OF DEATH

 State File No. 11091

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>446</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (in this place) <u>1 month</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksdale</u> 0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>			b. (Middle) <u>JOSEPH</u>		c. (Last) <u>SAMPLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 9, 1886</u>		9. AGE (in years) last birthday <u>68</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 2 HRS. Hours <u> </u> Mins. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Sample</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Golledge</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Sample</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>500-07-2061</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Sample, Clarksdale, Mo.</u> ADDRESS _____			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>							
ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 29</u> , 19 <u>55</u> , to <u>Apr 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Apr 25</u> , 19 <u>55</u> , and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Carpenter M.D.</u> (Degree or title)				23b. ADDRESS <u>902 Edmond St., St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5/3/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksdale, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 3, 1955</u>		REGISTRAR'S SIGNATURE <u>Esther M. Allison</u> 4852		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Clarksdale, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500 3 JAN 1954

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
Student Embalmer

Signed *John Brown*

Licensed Embalmer No. 3933

P. O. Address. Maysville, 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 this body is not embalmed, fact should be so stated above.