

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008829

STATE FILE NUMBER

FILED APR 7 1958

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

157

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u>				Length of stay in lb <u>48 Yrs.</u>		d. STREET ADDRESS <u>Rector Nursing Home</u>	
3. NAME OF DECEASED (Type or print) First <u>JULIA</u> Middle <u>ELIZABETH</u> Last <u>SAMPSON</u>				4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1958</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> <u>/</u> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 26, 1866</u>	
9. AGE (In years last birthday) <u>91</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (City and state or country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Librarian</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Librarian</u>		11. BIRTHPLACE (City and state or country) <u>Boone County, Missouri</u>	
13a. FATHER'S NAME <u>John H. Sampson</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Norris Sampson, Columbia, Missouri.</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>None</u>		17. INFORMANT Address <u>Norris Sampson, Columbia, Missouri.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.						DUE TO (b) _____ DUE TO (c) _____	
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 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.) <u>2</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2 miles prior to death</u>				
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____				
21. I attended the deceased from Death occurred at <u>6:20 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			21. I attended the deceased from and last saw her alive on <u>29 Mar 58</u>				
22a. SIGNATURE (Name or title) <u>Sekey Miller M.D.</u>			22b. ADDRESS <u>2518th Columbia</u>			22c. DATE SIGNED <u>4 Apr 58</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>Apr. 4, 1958</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Columbia, Missouri.</u>			23e. DATE RECD. BY LOCAL REG. <u>April 4 1958</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Parker Funeral Service, Columbia, Mo.</u>			25. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS APR 29 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 *John Phillips*

Licensed Embalmer No. *4897*

P. O. Address *Columbia, 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.