

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25639**

FILED AUG 13 1948

Registration District No. **77**

Primary Registration District No. **3008**

Registrar's No. **231**

1. PLACE OF DEATH:

(a) County Calloway
 (b) City or town Hutton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp No 12
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 yrs 9 mo 4 days
(Specify whether)
 In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone **76**
 (c) City or town Lynn **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME AGNES SAMSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex f 1 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Henry Samson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 30 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Loosebud Mo **0**
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Nulger **9**
 13. Birthplace OK (City, town, or county) (State or foreign country)
 14. Maiden name Mary Schram
 15. Birthplace Loosebud Mo **0**
(City, town, or county) (State or foreign country)

16. (a) Informant Ricardo State Hosp
 (b) Address Hutton Mo

17. (a) buried (b) Date thereof 8-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Frankenstein Mo
 (b) Address Moton, Calif

19. (a) Aug 7, 1948 (b) Jose Moravick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1948 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 1 1948, to Aug 7 1948; that I last saw him alive on Aug 7 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus
 Duration _____

Due to _____
 Due to _____

Other conditions 48B
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
 Signature J.P. Rice **0** (M.D. or other)
 Address Hutton Mo Date signed 8/7/48

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

RECEIVED
District Health Officer No. 9
District File Number AUG 16 1948
Date Filed

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Vernon M. Matton*

Licensed Embalmer No. *4125*

P. O. Address *Linn 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.