

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40594**

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3002 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warrensburg Twp	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rfd. # 5 Warrensburg Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Johnson Co. Home			
3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) Henry c. (Last) Sampsell			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1948
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 12 1863
9. AGE (In years last birthday) 85		10. YOUNG (In years Months Days) 0 8	11. BIRTHPLACE (State or foreign country) Johnson Co. Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Alexander W Hale		13b. MOTHER'S MAIDEN NAME Martha Ann Modena	14. NAME OF HUSBAND OR WIFE Alvin D Sampsell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Homer Cone ADDRESS Warrensburg Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Arteriosclerosis		Several y	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS 830		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) _____		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 Dec 17 1948 , to Dec 21 1948 , that I last saw the deceased alive on Dec 19 1948 and that death occurred at 4 AM m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. Patterson (Degree or title) _____		23b. ADDRESS Warrensburg Mo.	
23c. DATE SIGNED 12-21-48			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 22 1948	
24c. NAME OF CEMETERY OR CREMATORY Sutton Cemetery		24d. LOCATION (City, town, or county) (State) Warrensburg Mo.	
DATE REC'D BY LOCAL REG. Dec. 21 1948		REGISTRAR'S SIGNATURE Savannah	
25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips		ADDRESS Warrensburg Mo.	

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

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.

Signed W. Jack Phillips.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4566.....

P. O. Address Warrensburg, 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.