

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12658

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1753			
1. PLACE OF DEATH a. COUNTY JACOBSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 6 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELTON		19			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hosp.				d. STREET ADDRESS (If rural, give location) NONE					
3. NAME OF DECEASED (Type or Print) a. (First) W. JOHN		b. (Middle) L		c. (Last) Sams		4. DATE OF DEATH (Month) (Day) (Year) Apr. 18 '49			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 16, 1873			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (State or foreign country) CHARLTON, Ky.			
11. BIRTHPLACE (State or foreign country) CHARLTON, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph K. Sams		13b. MOTHER'S MAIDEN NAME MARY LOCKHART			
14. NAME OF HUSBAND OR WIFE MATTIE H. SAMS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. J. L. SAMS BELTON MO			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Broncho pneumonia. b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemis Balloons - Rt - DUE TO (c) Cerebral hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Russell W. Kerp		(Degree or title)		23b. ADDRESS St. Joseph Hospital		23c. DATE SIGNED 18 April 1949			
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial		24b. DATE Apr. 20 '49		24c. NAME OF CEMETERY OR CREMATORY Belton		24d. LOCATION (City, town, or county) (State) Belton, Mo			
DATE REC'D BY LOCAL REG. 4-20-49		REGISTRAR'S SIGNATURE E. R. Holmes		25. FUNERAL DIRECTOR'S SIGNATURE E. R. George Son		ADDRESS Belton Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3645-

P. O. Address Grandview 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.