

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20743**

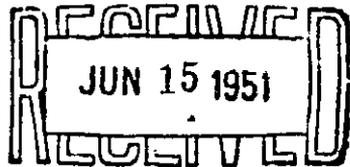
**BIRTH NO.** 124      **REG. DIST. NO.** 206      **PRIMARY REG. DIST. NO.** 5751      **Registrar's No.** 22

<b>1. PLACE OF DEATH</b> a. COUNTY <b>MADISON</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL - St. MICHAEL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL - St. MICHAEL</b>	
c. LENGTH OF STAY (in this place) <b>16 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1, FREDERICKTOWN, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Route 1, FREDERICKTOWN, MO.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1, FREDERICKTOWN, MO.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Lloyd</b> b. (Middle) <b>DONALD</b> c. (Last) <b>SAMPLE</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAY 30 1951</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>SINGLE</b>	<b>8. DATE OF BIRTH</b> <b>FEB 19 1935</b>
<b>9. AGE</b> (In years last birthday) <b>16</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>School Student</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>MISSOURI</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>School Student</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>George W. SAMPLE</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>ESTELLA ADAMS</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ESTELLA SAMPLE, Route 1, Fredericktown, Mo.</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>CORONERS JURY VERDICT: AN UNAVOIDABLE ACCIDENT WITH A SINGLE BARREL Shotgun.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>89191 19</b>	
<b>19a. DATE OF OPERATION</b> <b>NONE</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT</b> (Specify) <b>Accident</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM</b>	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE) <b>St. MICHAEL MADISON Missouri</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>May 30 1951</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>SINGLE BARREL Shotgun</b>			
<b>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 at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Sam Hajim, Jr. Coroner Madison Co. Mo.</b>		<b>23b. ADDRESS</b> <b>FREDERICKTOWN, MO.</b>	
<b>23c. DATE SIGNED</b> <b>6-1-51</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>6-1-51</b>	
<b>24c. NAME OF CEMETERY</b> <b>MARCUS MEMORIAL PARK</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Madison County MO.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>6-7-1951</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Lorence Kiker</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Sam Hajim, Jr.</b>		<b>ADDRESS</b> <b>Fredericktown, Mo.</b>	

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

620  
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MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 621-33

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

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

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.