

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21755
Registrar's No. 130

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH
a. COUNTY **Saline**
b. CITY (If outside corporate limits, write RURAL and give town) **Marshall, Mo.**
c. LENGTH OF STAY (In this place) **39 Yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **463 South Grant**

2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission).
a. STATE **Missouri** b. COUNTY **Saline**
c. CITY (If outside corporate limits, write RURAL and give township) **Marshall**
d. STREET ADDRESS (If rural, give location) **463 South Grant**

3. NAME OF DECEASED
a. (First) **James** b. (Middle) **Wesley** c. (Last) **Sampson**
4. DATE OF DEATH (Month) (Day) (Year) **July 4 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Nov. 16-1884** 9. AGE (In years last birthday) **66** (If under 1 year) Months **8** Days **18** (If under 24 hrs.) Hours **18** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Odd Jobs** 11. BIRTHPLACE (State or foreign country) **Carroll Co. Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Andy L. Sampson** 13b. MOTHER'S MAIDEN NAME **Abbie Finley** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **495-07-1835** 17. INFORMANT'S SIGNATURE OR NAME **W.L. Teeters, Marshall, Missouri** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Embolism**
ANTECEDENT CAUSES (b) **arteriosclerosis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 19, 1951**, to **July 4, 1951**, that I last saw the deceased alive on **June 19, 1951**, and that death occurred at **5:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Richard P. Truelle, M.D.** (Degree or title) 23b. ADDRESS **Marshall, Mo.** 23c. DATE SIGNED **7-6-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/7/51** 24c. NAME OF CEMETERY OR CREMATORY **Gilliam Cemetery** 24d. LOCATION (City, town, or county) (State) **Gilliam, Missouri**

DATE REC'D BY LOCAL REG. **July, 6th 1951** REGISTERAR'S SIGNATURE **Sidney J Gray** 385 25. FUNERAL DIRECTOR'S SIGNATURE **J. Lealie Purvey** ADDRESS **Marshall, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-9-51

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 _____
Student Embalmer

Signed J Leslie Sussman

Licensed Embalmer No. 3235

P. O. Address Marshall, W. Va.

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.