

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5236

State File No.

862

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>60 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4230 HARRISON STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>14TH FLOOR - 1300 AND B TRADE BLDG. 10TH & WYANDOTTE STREETS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>	b. (Middle) <u>W.</u>	c. (Last) <u>SAMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 23 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 14 1886</u>	9. AGE (In years last b ^d -tday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BROKER - GRAIN BUSINESS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MYERS & COMPANY</u>	11. BIRTHPLACE (State or foreign country) <u>SEWARD NEBRASKA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CLEMENT SAMPSON</u>	13b. MOTHER'S MAIDEN NAME <u>LELIA GRAY</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. FAYE SAMPSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-09-6164</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FAYE SAMPSON</u>	ADDRESS <u>4230 HARRISON ST. KANSAS CITY, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>for many occlusion words</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42 01</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <u>Myocarditis</u>		
	DUE TO (b) <u>unknown</u>		
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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1950, to Feb 23, 1952, that I last saw the deceased alive on Feb. 9, 1952, and that death occurred at 10:30A.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>N. Haenert</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>314 Shilburt Bldg. KC 2</u>	23c. DATE SIGNED <u>Feb 23 1952</u>
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24a. BURIAL - CREMATION - REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 25 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>QUINDARO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>2-23-52</u>	REGISTRAR'S SIGNATURE <u>Sheralding Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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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.

Student

Student Embalmer

Signed

Robert E. Henson

Licensed Embalmer No. *4849*

P. O. Address *K.C. 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.