

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7612**  
Registrar's No. **81**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5164**

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Fulton Twship.</b>		b. COUNTY <b>Callaway</b>	
c. LENGTH OF STAY (in this place) <b>3 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Fulton Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R. 6 Fulton Missouri</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. 6 Fulton</b>	

3. NAME OF DECEASED (Type or Print) <b>Millie</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 9 1952</b>	
a. (First)	b. (Middle)	c. (Last) <b>Sampson</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 15, 1864</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Callaway County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Monroe Sampson</b>	13b. MOTHER'S MAIDEN NAME <b>Paulina Shaw</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Paris Sampson</b>	ADDRESS <b>RR 6 Fulton Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile Degeneration</b>		
	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 <b>296X</b>	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)	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 **June 12, 1949**, to **March 9, 1952** that I last saw the deceased alive on **March 6, 1952**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Gayne</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>R.R. 6 Fulton Mo.</b>	23c. DATE SIGNED <b>3/9 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 11/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hams Prairie Cm.</b>	24d. LOCATION (City, town, or county) (State) <b>Hams Prairie Mo.</b>
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DATE REC'D BY LOCAL REG. <b>March 10-52</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>Maupin Funeral Home</b>	ADDRESS <b>Fulton Mo.</b>
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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 Wm. C. Stewart

Licensed Embalmer No. 3722

P. O. Address Stulton 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.