

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12123

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 5125	Registrar's No. 464
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center		c. LENGTH OF STAY (in this place) 5 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center 0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 6,		d. STREET ADDRESS (If rural, give location) R.F.D. # 6, St. Joseph, Mo		
3. NAME OF DECEASED (Type or Print) JEFFERSON		a. (First)	b. (Middle)	c. (Last) SAMPSON
4. DATE OF DEATH (Month) (Day) (Year) 4 29 1952				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-5-1879 1880 12 7 11	9. AGE (to years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) DeKalb, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Sampson		13b. MOTHER'S MAIDEN NAME Mary Mears		14. NAME OF HUSBAND OR WIFE Jane Sampson
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 Jane Sampson, R.F.D. # 6, St. Joseph	
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		II. OTHER SIGNIFICANT CONDITIONS		1 day
ANTECEDENT CAUSES		DUE TO (b) General Arteriosclerosis		3 years
DUE TO (c) man died suddenly at his home, without a history of recent serious illness		DUE TO (c) man died suddenly at his home, without a history of recent serious illness		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201
22. I hereby certify that I attended the deceased from 4/29, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 a.m., from the causes and on the date stated above.				
23a. SIGNATURE H. F. Mundy M.D. (Coroner)		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 4/29/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-1952		24c. NAME OF CEMETERY OR CREMATORY DeKalb
24d. LOCATION (City, town, or county) DeKalb, Missouri		24e. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. May 1, 1952		REGISTRAR'S SIGNATURE Carl C. Cast		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.

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

110

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 *John E. Rupp* _____

Licensed Embalmer No. *3986* _____

P. O. Address *St. Joseph, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Buchanan } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 21st day of May, 1952, before me appears John E. Rupp

....., who, upon his oath, states that the original record of ~~birth~~ death
for Jefferson Sampson died April 29, 1952, in the State of
Missouri, and which was filed at St. Joseph, Mo. on 4-30, 1952, should be corrected as follows:

Item No. 8 should read 7-5-1880

Instead of 7-5-1979

Item No. 9 should read 71

Instead of 72

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John E. Rupp, Undertaker
Relationship.
6054 Pryor Ave., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of May, 1952.

My Commission expires March 30, 1955

Julius L. Rupp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-12123