S. No. 300
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19792

BIRTH NO. FILED JUN 25 1952 REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5227 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Peculiar ~~Harrisonville Twp~~
c. LENGTH OF STAY (In this place): 6 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pleasant View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass 0190
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dollie
b. (Middle): V.
c. (Last): Sampsel

4. DATE OF DEATH (Month) (Day) (Year): June 16-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 15-1880
9. AGE (In years last birthday): 71 — 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): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Dayton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W. Vaughan
13b. MOTHER'S MAIDEN NAME: Luisa Unknown
14. NAME OF HUSBAND OR WIFE: Aaron Sampsel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Paul Hayden — ADDRESS: Garden City, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinson's Disease — Unknown

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓ 334X
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): ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
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* May 1, 1952, *to* June 16, 1952, *that I last saw the deceased alive on* June 16, 1952, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): O B Barger MD
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: June 17 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Byler Cemetery
24d. LOCATION (City, town, or county) (State): Creighton, Missouri

DATE REC'D BY LOCAL REG.: June 17, 1952
REGISTRAR'S SIGNATURE: Dora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson & Dickey Funeral Home — ADDRESS: Garden City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 21 1952
CASS COUNTY
HEALTH DEPARTMENT

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 Billy Jr. Klicky

Signed.....
Student Embalmer

Licensed Embalmer No. 4685

P. O. Address Harlow City, 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.