

FILED AUG 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28870

Water
730

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

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>436</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. LENGTH OF STAY (in this place) <u>8 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Route # 1 Granby, Mo. 730</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1 Granby, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Community Hosp.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Olivia</u>		c. (Last) <u>Samson</u>	
		4. DATE OF DEATH <u>Aug. 4, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-13-1916</u>		9. AGE (In years last birthday) <u>36</u>	
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Fair Grove, Mo.</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Benj. Franklin Scoot</u>		13b. MOTHER'S MAIDEN NAME <u>Della Breshears</u>	
		14. NAME OF HUSBAND OR WIFE <u>Jay Samson</u>		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>no</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Jay Samson</u>		17. ADDRESS <u>Route # 1 Granby, Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</u>				DUE TO (b) <u>Thyrotoxicosis</u>	
		ANTECEDENT CAUSES Morbid 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.				Over 3 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2520</u>				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 (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?			
22. I hereby certify that I attended the deceased from <u>8/4</u> , 1952, to <u>8/4</u> , 1952, that I last saw the deceased alive on <u>8/4</u> , 1952, and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter D. Chesnut, D.O.</u>				23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>8-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Twin Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 14, 1952</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>		ADDRESS <u>Carthage, Mo.</u>	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 852-146
Date Filed AUG 20 1952

NEOSHO, MISSOURI

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 _____

Robert E. Muhlman

Student Embalmer No. 462

working under my personal supervision.

Student Robert E. Muhlman
Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Cothran, 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.