

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37809

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5125</u>		Registrar's No. <u>1300</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Twsp.</u>		c. LENGTH OF STAY (If in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Centre</u>		<u>110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # 6, St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 6, St. Joseph.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>REBECCA</u>		c. (Last) <u>SAMPSON</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>9</u>		(Year) <u>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>2-26-1894</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Prathersville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis James</u>			13b. MOTHER'S MAIDEN NAME <u>Nannie Norris</u>			14. NAME OF HUSBAND OR WIFE <u>Nola Sampson</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nola Sampson, R.F.D. # 6, St. Joseph</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <u>Metastatic Carcinoma of Brain</u>				<u>8 months</u>	
		DUE TO (c) <u>Primary Carcinoma of Liver</u>				<u>Unknown</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma, Chronic Pansinusitis. Debilitation.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>Jan. 10, 1952</u> , to <u>11/25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/5</u> , 19 <u>52</u> , and that death occurred at <u>1:35P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam R. Pearson D.O.</u>				23b. ADDRESS <u>6207 King Hill Ave. St. Jos.</u>		23c. DATE SIGNED <u>12/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugare Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rushville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Custer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Ruff</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

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

Alvin C. Beyer

Signed.....

Student Embalmer

Licensed Embalmer No. *4795*

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.