

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28842**
4180

BIRTH NO. FILED SEP 11 1953		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2214 Woodland		d. STREET ADDRESS (If rural, give location) 2214 Woodland		
3. NAME OF DECEASED (Type or Print) a. (First) Rose Anna b. (Middle) Samuels c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1953	
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 10, 1884	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) (last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Keatchie, Louisiana
13a. FATHER'S NAME Jiles Austin		13b. MOTHER'S MAIDEN NAME Amanda Hornbeck		12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE John Samuels		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. No		17. INFORMANT'S SIGNATURE OR NAME Jimmie L. Smith ADDRESS 2445 Brooklyn		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Aug. 19, 1953 , to Aug. 20, 1953 , that I last saw the deceased alive on Aug. 20, 1953 , and that death occurred at 10:00 P.M. from the causes and on the date stated above.				
23a. SIGNATURE J. V. Miller (Date or Title)		23b. ADDRESS 1211 Paseo, K. C. Mo.		23c. DATE SIGNED Aug. 25-53
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE 8/28/53	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Shreveport, Louisiana
DATE REC'D BY LOCAL REG. 8-25-53	REGISTRAR'S SIGNATURE Sheldene Smith	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 18th & Benton ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

Dr. J. H. J. Kellow

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 *Bruce H. Westbrook*

Licensed Embalmer No. 4500

P. O. Address 18th St Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.