

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22404**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4094** Registrar's No. **130**

1. PLACE OF DEATH
 a. COUNTY **Cass**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Garden City**
 c. LENGTH OF STAY (In this place) **11 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Cass**
 c. CITY OR TOWN **Garden City**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **0190**

3. NAME OF DECEASED
 a. (First) **Isaac** b. (Middle) **Donald** c. (Last) **Sampley**

4. DATE OF DEATH (Month) (Day) (Year)
7 29 1954

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
July 20, 1895

9. AGE (In years last birthday) **59**

IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 2 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Catapillar Maintainer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Hancock Co., Kentucky

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Jim Sampley

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Josephine Sampley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W.I.

16. SOCIAL SECURITY NO.
495-07-2647

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Josephine Sampley - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **arteriosclerotic Heart Disease**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Generalized arteriosclerosis**
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
auricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH
P.
5/26/54

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4200

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)

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 5-14, 1954, to 7-29, 1954, that I last saw the deceased alive on 7-29, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Roburn Ellis M.D.**

23b. ADDRESS
Garden City, Mo.

23c. DATE SIGNED
7/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
July 31, 1954

24c. NAME OF CEMETERY OR CREMATORY
Garden City Cemetery Garden City, Missouri

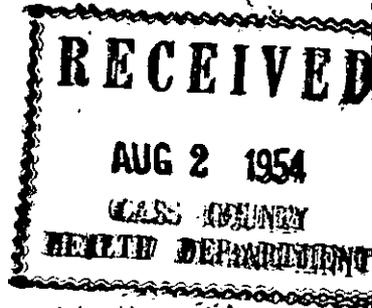
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.
July 30, 1954

REGISTRAR'S SIGNATURE
Dora Barward

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Atkinson & Picky - Garden City, Mo.

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~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Billy J. Slippy*.....

Licensed Embalmer No. *4685*.....

P. O. Address *London City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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