

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5121

No. 300
10.48

FILED NOV 23 1954

BIRTH NO. _____ 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 OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) About 40yrs.		e. STREET ADDRESS (If rural, give location) 2004 Prospect Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2					

3. NAME OF DECEASED (Type or Print) a. (First) David			b. (Middle) L		c. (Last) Samples		4. DATE OF DEATH (Month) (Day) (Year) 11 2 1954					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 18, 1883		9. AGE (In years last birthday) 71		10 UNDER 1 YEAR Days	10 UNDER 6 HRS. Hours	10 UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman				10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and State or Foreign Country) Tugaloo, Miss /			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Jesse Samples		13b. MOTHER'S MAIDEN NAME Frances?		14. NAME OF HUSBAND OR WIFE Tessie Samples	
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. 500-12-4726		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carrie Lee - 2004 Prospect	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident			4435
		ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart disease.			
		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 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)		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 10-28-54, 19 , to 11-2-54, 19 , that I last saw the deceased alive on 11-2-54, 19 , and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis, MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 11-3-54	
---	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/6/54		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
--	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 11-5-54		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Bills 1212 Vine	
--	--	---	--	--	--

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 *E. H. ...*

Licensed Embalmer No. *317*

P. O. Address *12 ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.