No. 300
10-48

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5119
State File No. 858
Registrar's No.

BIRTH NO. ______ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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 OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY c. LENGTH OF STAY (in this place): 40 years	c. CITY OR TOWN: KANSAS CITY d. Is Residence within limits of city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL	STREET ADDRESS (If rural, give location): 1018 CLEVELAND 3188

3. NAME OF DECEASED (Type or Print) a. (First): SAMUEL	b. (Middle): G.	c. (Last): STAMP...	4. DATE OF DEATH (Month) (Day) (Year): February 23, 1955

5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: February 11, 1868	9. AGE (In years last birthday): 87 If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (City and State or Foreign Country): Cadney, England	12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN	13b. MOTHER'S MAIDEN NAME: Mary Gibbons	14. NAME OF HUSBAND OR WIFE: Florence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): SAW	16. SOCIAL SECURITY NO.: ---	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hospital Official Records, K. C. Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH: 4 hours
ANTECEDENT CAUSES — Morbid 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.		420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) VA m.	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 Dec. 8, 1954, to Feb. 23, 1955, XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX and that death occurred at 4:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Arthur P. Klotz MD — ARTHUR P. KLOTZ, M.D.	23b. ADDRESS: VA Hospital, Kansas City, Missouri	23c. DATE SIGNED: 2/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: FEB. 25, 1955	24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG.: 2-24-55	REGISTRAR'S SIGNATURE: Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John B. Lewis

Licensed Embalmer No. 48

P. O. Address KC Mo

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