

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10782

FILED APR 5 1955

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 55			
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (In this place) <b>5 min.</b>		c. CITY OR TOWN <b>Nevada</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada, City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1021 E. Austin</b> <span style="float: right;">1082</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Anthony</b> c. (Last) <b>Samuel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 30, 1955</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 30, 1900</b>		9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Nevada, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Will Samuel</b>		13b. MOTHER'S MAIDEN NAME <b>Carey Creel</b>		14. NAME OF HUSBAND OR WIFE <b>Josie Samuel</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>yes World War 1</b>		16. SOCIAL SECURITY # <b>486-07-6383</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C.A. Samuel-Nevada, Missouri</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Buergers disease</b>  ANTECEDENT CAUSES DUE TO (b) <b>Splenic and pulmonary embolisms</b>  DUE TO (c) <b>Buergers disease left leg</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1949</b>  <b>to</b>  <b>1955</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>		21d. HOW DID INJURY OCCUR? <b>None</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>					
22. I hereby certify that I attended the deceased from <b>Mar. 29, 1955</b> , to <b>Mar. 30, 1955</b> , that I last saw the deceased alive on <b>March 30, 1955</b> , and that death occurred at <b>8:35 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>L.P.M. Coan, M.D.</b>				23b. ADDRESS <b>Moore Building Nevada, Missouri</b>		23c. DATE SIGNED <b>3/31</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-1-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Newton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>4-2-1955</b>		REGISTRAR'S SIGNATURE <b>Amal E. Jerry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Eichinger Funeral Home</b>		ADDRESS <b>Nevada, Mo.</b>			

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

APR 1 1951

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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 *Francis C. Marsh* .....

Licensed Embalmer No. *497*

P. O. Address *Nevada*

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.