

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29955

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 2001		Registrar's No. 390			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER					
b. CITY OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 35 YRS		c. CITY OR TOWN JOPLIN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				STREET ADDRESS (If rural, give location) 322 S. DIVISION AVE					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BENJAMIN c. (Last) SAMUEL			4. DATE OF DEATH (Month) (Day) (Year) 9 - 24 - 1955						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 19, 1885			
9. AGE (In years last birthday) 70		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIMNEY SWEEPER		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED		11. BIRTHPLACE (City and State or Foreign Country) BOONVILLE, MISSOURI			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME COLUMBUS SAMUEL		13b. MOTHER'S MAIDEN NAME JUC TURNER		14. NAME OF HUSBAND OR WIFE MARY SAMUEL			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Samuel - 322 S. Division					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Volvulus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ulcerative colitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5722				INTERVAL BETWEEN ONSET AND DEATH 10 da unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) m.		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 9-16-55, 19__, to 9-24-55, 19__, that I last saw the deceased alive on 9-24-55, 19__, and that death occurred at 1:55 a. m., from the causes and on the date stated above.									
23a. SIGNATURE Alice H. Wilson M.D.				23b. ADDRESS 1923 Sergeant Joplin Mo		23c. DATE SIGNED 9-26-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-28-55		24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
DATE REC'D BY LOCAL REG. 9-29-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] - Joplin, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 33-1042
Date Filed OCT 3 1955

OCT 11 1955
5:00

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..... *David Dillon*

Licensed Embalmer No. 389

P. O. Address Joplin, Mo.

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.