

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5654**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5764** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Marion County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City, Mo.		c. CITY OR TOWN Monroe City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 Yrs		f. STREET ADDRESS (If rural, give location) 2 Miles West	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) VINCENT	c. (Last) SAMS	4. DATE OF DEATH (Month) (Day) (Year) 2-22-1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-5-1885	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 2 Days 16 IF UNDER 24 HRS. Hour 16 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Marion Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Sams		13b. MOTHER'S MAIDEN NAME Katherine Day	14. NAME OF HUSBAND OR WIFE Katherine Sams	

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. X	17. INFORMANT'S SIGNATURE OR NAME Katherine Sams	ADDRESS Monroe City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		DUPLICATE OF (b) Renal insufficiency		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) Urinary obstruction (Prostatic)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compensatory heart failure				

19a. DATE OF OPERATION 12-16-56	19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy (benign)	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, 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 **Oct 29, 1955**, to **Feb. 18, 1956**, that I last saw the deceased alive on **Feb. 18, 1956**, and that death occurred at **6:15A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Mark L. Windmager D.O.	23b. ADDRESS Pine Village Blvd.	23c. DATE SIGNED Feb. 28 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-1956	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Centy.
24d. LOCATION (City, town, or county) (State) Shelbyville, Mo.		

DATE REC'D BY LOCAL REG. 3-5-56	REGISTRAR'S SIGNATURE By Viola Lee, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Barkley & Hawkes - Shelbyville Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 3 1958
MARION CO. HEALTH DEPT.
DATE FILED MAR 3 1956

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..... *W. H. Haines*

Licensed Embalmer No. *349*

P. O. Address *Stellings*

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.