

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28427

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 361

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, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1111 Truman Rd.		d. STREET ADDRESS (If outside, give location) 1111 Truman Rd.	
3. NAME OF DECEASED (Type or print) Nellie Edith Sampson		4. DATE OF DEATH Month Aug. Day 17 Year 57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-30-1883
9. AGE (In years last birthday) 74		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 18 Days 18 Hours 18 Min 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Art Teacher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Fremont, Nebraska		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Mathew William Sampson		14. MOTHER'S MAIDEN NAME Martha Petterson	
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 Ruth Blanch Sampson		Address 1111 W. Truman Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous, origin undetermined			INTERVAL BETWEEN ONSET AND DEATH None
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1999F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Colles fracture - contusion back & pelvis 4-24-57			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-12-57 to 8-17-57 and last saw ^{her} him alive on 8-17-57 Death occurred at 7:10 pm on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) John Riedel, M.D.		22b. ADDRESS 10901 Winona Rd. Only	
22c. DATE SIGNED 8-19-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/20/57	
23c. NAME OF CEMETERY OR CREMATORY MOONING GROVE		23d. LOCATION (City, town, or county) (State) INDEP. MO.	
24. FUNERAL DIRECTOR Stahl Funeral Home		25. DATE RECD. BY LOCAL REG. 8-20-57	
ADDRESS 815 W. Maple		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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AUG 28 1957

JAN 13 1958

SEP 20 1957

NOV 6 1957

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.....
J. H. Gibson

Licensed Embalmer No. *48*

P. O. Address *Indep*

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.