

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43861**  
Registrar's No. **406**

FILED DEC 31 1957

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>406</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Jefferson City</b>		d. STREET ADDRESS (If rural, give location) <b>611 E. Capital Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26 1957</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nellie</b> b. (Middle) <b>Belle</b> c. (Last) <b>Sams</b>			5. SEX <b>Female</b>				
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 10, 1891</b>		9. AGE (In years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>Marion Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Daniel Feaster</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Phillips</b>		14. NAME OF HUSBAND OR WIFE <b>Vaden Sams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. H. Ratz</b> ADDRESS <b>Jeff. City, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular Collapse</b> <b>Pulmonary edema</b> DUE TO (b) _____ DUE TO (c) <b>Suicide</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Jumped from bridge into Missouri River</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <b>mo. river bridge</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Jefferson City Cole MO</b>		21d. HOW DID INJURY OCCUR? <b>Jumped from Bridge - MO. River</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 26 57 P. m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>12-26, 1957</b> , to <b>12-26, 1957</b> , that I last saw the deceased alive on <b>12-26, 1957</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Nendall C. Clark, M.D.</b> (Degree or title)				23b. ADDRESS <b>Jefferson City, MO</b>		23c. DATE SIGNED <b>12-26-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/30/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery Palmyra, Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>27 Dec 1957</b>		REGISTRAR'S SIGNATURE <b>R. P. Norris, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis Bros. Palmyra, Missouri</b> ADDRESS			

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

**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 .....  
Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4499

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.