

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038638
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri Inside Limits Yes No
c. CITY OR TOWN Nevada, Mo. Inside Limits Yes No

c. FULL NAME OF HOSPITAL OR INSTITUTION Home All West Austin Length of stay in 7b 90 yrs. STREET ADDRESS (If outside, give location) 811 West Austin St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Harriet Malana Samuel 10 - 21 - 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Sept. 25, 1863 9. AGE (In years last birthday) 95 10. IF UNDER 1 YEAR Months 0 Days 25 11. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) Saline County Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Stark Eustace 13b. MOTHER'S MAIDEN NAME Anna B. Howlett 14. NAME OF HUSBAND OR WIFE W.R. Samuel, (Deceased)

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 Mrs. A.V. Peterson, Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) -----
DUE TO (c) -----
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced age.
INTERVAL BETWEEN ONSET AND DEATH Sudden

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No injury.
20c. TIME OF INJURY Hour Month, Day, Year ----- p.m. -----

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) ----- 20f. CITY, TOWN, OR LOCATION COUNTY STATE Nevada - Vernon - Mo.

21. I attended the deceased from 10-21-58 to 10-21-58 and last saw her alive on 10-21-58. Death occurred at 9 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Love, Jr. 22b. ADDRESS Nevada, Mo. 22c. DATE SIGNED 10-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-24-58 23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery 23d. LOCATION (City, town, or county) (State) Nevada, Missouri

24. FUNERAL DIRECTOR ADDRESS Hays Funeral Service, Inc Nevada, Missouri 25. DATE RECD. BY LOCAL REG. 10-28-58 26. REGISTRAR'S SIGNATURE Anna J. Perry

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard L. Luffin*

Licensed Embalmer No. *5053*
P. O. Address *..... Co*

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.