

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024373

FILED VS AUG 12 1959/7

Registration District No. 3008 Registrar's No. 206

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 1 Yr.	c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 717 Bluff St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 717 Bluff St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROXANNA Middle ALLEN Last SAMPSON			4. DATE OF DEATH Month August Day 3, 1959 Year		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, if any, and if retired, state date of retirement) Retired Hospital Att.		10b. KIND OF BUSINESS OR INDUSTRY Att. State Hosp. Callaway County, Mo.		11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Richard A. Allen		13b. MOTHER'S MAIDEN NAME Margaret Slavens	
14. NAME OF HUSBAND OR WIFE Robert Lee Sampson (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500343506	
17. INFORMANT Mrs. Bessie Lee Rosson, Fulton, 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 Accident Cerebral arterio sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 June 16 7:05 P.M. to Aug 2nd 59 and last saw her/him alive on Aug 2nd 59 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE OT R. Rosson M.D. (Degree or title)			22b. ADDRESS Fulton Mo		22c. DATE SIGNED 8/4/59 (Date)
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE Aug 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Millers Creek		23d. LOCATION (City, town, or county) Callaway County, Mo	
24. FUNERAL DIRECTOR Margie Funeral Home, Fulton, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 4-1959		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 20 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall G. Black

Licensed Embalmer No. 4713

P. O. Address Fulton, MS

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.