

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014598

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 66

FILED APR 17 1961

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b	c. CITY OR TOWN Maryville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mile north		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Barbara Ruth Samson			4. DATE OF DEATH Month Day Year 4 8 61		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/27/31	9. AGE (last birthday) 29	IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Own home	11. BIRTHPLACE (City and state or country) Burlington Jct., Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Herbert Carpenter		13b. MOTHER'S MAIDEN NAME Mary Hutson		14. NAME OF HUSBAND OR WIFE Hartford Samson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Address Hartford Samson, Maryville, 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) <i>Acute intestinal obstruction</i>					INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i>
DUE TO (b) <i>Obstructing post-operative adhesion</i>					<i>2 yrs</i>
DUE TO (c) <i>Partial hyperelectroly</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>severe chronic kidney disease due to secondary hypertension of essential hypertension</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 a.m. p.m. Month, Day, Year		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 <i>Performed autopsy 8/61</i> and last saw her <i>alive on</i> Death occurred at <i>12:30 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Frank B. Lett</i>			22b. ADDRESS <i>St. Francis Hospital</i>		22c. DATE SIGNED <i>4-8-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Apr. 12, 61	23c. NAME OF CEMETERY OR CREMATORY Miriam		23d. LOCATION (City, town, or county) (State) Maryville, Mo.	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.			25. DATE RECD. BY LOCAL REG. 4-12-61	26. REGISTRAR'S SIGNATURE <i>Mrs. J.E. Tulloch</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

Dep.

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.