

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033102

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4697

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>35 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MEMORAH HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3940 JACKSON</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>THELMA</b> Middle <b>SAMPSON</b> Last			4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>18</b> Year <b>1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>22MAR1906</b>	9. AGE (last birthday) <b>55</b>	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) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>BLUESPRINGS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
13a. FATHER'S NAME <b>KIGE OLDAM</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET ROBINSON</b>		14. NAME OF HUSBAND OR WIFE <b>RUSSELL SAMPSON</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **NO**

17. INFORMANT Address **RUSSELL SAMPSON 3940 JACKSON**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **1 day**

DUE TO (b) **Arteriosclerotic cardio-vascular dis.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

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  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

21. I attended the deceased from **1946** to \_\_\_\_\_ and last saw her **alive on 9-18-61** Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Harry K. Cohen** (Type name and title) **H.K.** 22b. ADDRESS **751 E 634 St.** 22c. DATE SIGNED **9-19-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **SEPT. 20, 1961** 23c. NAME OF CEMETERY OR CREMATORY **OAK GROVE CEMETERY** 23d. LOCATION (City, town, or county) (State) **OAK GROVE, MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **MUEHLERBACH 6800 TROOST** 25. DATE RECD. BY LOCAL REG. **9-20-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Harry K. Cohen

Harry K. Cohen

751 E 63

Em 1-2123

Tues 1:30pm till 4:00pm.

Dr. Harry K. Cohen

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 Jale H. Martin

Licensed Embalmer No. 5106

P. O. Address Lawrence, Kan

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.