

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36601

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>372</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		<u>011-4</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>707A Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>707 A Broadway</u>				<u>A</u>	
3. NAME OF DECEASED (Type or Print) <u>CLEET</u>			a. (First) <u>W.</u>		b. (Middle) <u>SAMS</u>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>November 12, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 29, 1897</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 12 HRS. Days <u>13</u>		IF UNDER 1 MIN. Hours <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Parking Lot</u>		11. BIRTHPLACE (State or foreign country) <u>Neelys Landing, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Walter Sams</u>		13b. MOTHER'S MAIDEN NAME <u>Cora B. Travis</u>	
14. NAME OF HUSBAND OR WIFE <u>Willie Sams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u>		16. SOCIAL SECURITY NO. <u>489-12-3371</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norval Sams</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1948</u> , to <u>12 Nov, 1951</u> , that I last saw the deceased alive on <u>12 Nov, 1951</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>J. V. Ashley, Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>13 Nov 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home Cape Gir</u>	
DATE REC'D BY LOCAL REG. <u>11-13-51</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Walters Funeral Home Cape Gir</u>		ADDRESS <u>Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 19 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

NOV 28 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Virgil H. Welch*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.