

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1966BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 3817 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> <u>71</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mill Creek Twn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mill Creek Tw'n</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>10 Miles N. W. Versailles</u>		d. STREET ADDRESS (If rural, give location) <u>10 M. N. W. Versailles</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Susan</u> b. (Middle) <u>Lampton</u> c. (Last) <u>Lampton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 7, 1863</u>
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	11. UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>No Record</u>	
13b. MOTHER'S MAIDEN NAME <u>Alabama Frazer</u>		14. NAME OF HUSBAND OR WIFE <u>W. M. Lampton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Lampton</u> ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Heart Disease</u> ANTECEDENT CAUSES <u>Arterial Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-4-47</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>unknown</u>		19a. DATE OF OPERATION <u>✓</u>	
19b. MAJOR FINDINGS OF OPERATION _____		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) (Min.) _____	
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>Jan 1, 1947</u> , to <u>Jan 23, 1949</u> , that I last saw the deceased alive on <u>Jan 21, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Green M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles Mo</u>	
23c. DATE SIGNED <u>1-23-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>25 Jan. 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>	
24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Kuehl</u> ADDRESS <u>Versailles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/31/49</u>		REGISTRAR'S SIGNATURE <u>Marta Hatsenpfeiler</u> <u>4/12</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District Number 1-49-5

Date Filed 2-2-49

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.....

*James M. Galay*

Student Embalmer No. 219

working under my personal supervision.

Student *James M. Galay*

Student Embalmer

Signed

*Gene S. Partman*

Licensed Embalmer No. 4021

P. O. Address Versailles, Mo

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.