

No. 300  
10.48  
5530

FILED APR 9 1949

# STANDARD CERTIFICATE OF DEATH

State File No. **9039**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **3031** Registrar's No. **200**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Whitson</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Whitson Mo</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Torgel</b>	a. (First)	b. (Middle) <b>X</b>	c. (Last) <b>Hampton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 3<sup>rd</sup> 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	8. DATE OF BIRTH <b>6/26/1914</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR <b>9</b> Days	IF UNDER 2 HRS. <b>7</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (State or foreign country) <b>Dunklin, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Ed. Hampton</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Hutchinson</b>	14. NAME OF HUSBAND OR WIFE <b>Not known</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Brother James K. Hampton</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cop. Pulmonale</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Tuberculosis</b> DUE TO (c) <b>no</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Low Vital Capacity</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/2**, 19**49**, to **4/2**, 19**49**, that I last saw the deceased alive on **4/2**, 19**49**, and that death occurred at **4** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Remoth Glover MD</b>	23b. ADDRESS <b>Whitson, Mo</b>	23c. DATE SIGNED <b>4/4/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 4/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem. Dunklin</b>	24d. LOCATION (City, town, or county) (State) <b>Clarkton Mo</b>
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DATE REC'D BY LOCAL REG. <b>4-5-49</b>	REGISTRAR'S SIGNATURE <b>Cecil Wendricks</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Leo B Orr, Whitson Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**  
District Health Officer No. 6  
District File Number 449-373  
Date Filed 8-6-49

**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 \_\_\_\_\_

....., Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo B Orr

Licensed Embalmer No. 946

P. O. Address McKernan 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.