

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9450

BIRTH NO. _____		REG. DIST. NO. 214		PRIMARY REG. DIST. NO. 3052		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 48 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital 0				d. STREET ADDRESS (If rural, give location) 1910 South Park Ave. 0			
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE		b. (Middle) KELSEY		c. (Last) HAMPTON		4. DATE OF DEATH (Month) (Day) (Year) March 18, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 3, 1884	
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 4		11. BIRTHPLACE (State or foreign country) Sedalia, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home-making		11. BIRTHPLACE (State or foreign country) Sedalia, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Kelsey			13b. MOTHER'S MAIDEN NAME Julia Hollenbeck			14. NAME OF HUSBAND OR WIFE Sidney Hampton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ****		17. INFORMANT'S SIGNATURE OR NAME 1910 S. Park Albert D. Butterbaugh, son, Sedalia, Mo.			
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) Mesenteric thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic valvular heart disease DUE TO (c) Chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MAD					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 February 1, 1949, to March 18, 1949, that I last saw the deceased alive on March 18, 1949, and that death occurred at 7:40 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. Jordan Saufjuch, M.D.				23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 3-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/21/49		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 3/20/49		REGISTRAR'S SIGNATURE Betty Yeager 251		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

80
460

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

3-30-49

APR 4 1949

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.....

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed.....

Richard D. Conn
Student Embalmer

Signed.....

Duane Ewing

Licensed Embalmer No. 3847

P. O. Address.....

Sedalia, 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.