

STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1949

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 476 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>75 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>311 E. Laclede</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u> b. (Middle) <u>Grant</u> c. (Last) <u>Hampton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 28, 1863</u>
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR <u>4</u>	11. UNDER 1 MIN. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hiram Hampton</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S. S. Galdsmith, Malden Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anginal Pectoris</u> ANTECEDENT CAUSES Asboid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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>May 1</u> , 19 <u>49</u> , to <u>May 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>49</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>S. S. Galdsmith</u> (Name or title)		23b. ADDRESS <u>Malden Mo.</u>	
23c. DATE SIGNED <u>May 10/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 10 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Schumann</u>	
24f. DATE REC'D BY LOCAL REG. <u>May 19, 1949</u>		24g. REGISTRAR'S SIGNATURE _____	
24h. ADDRESS <u>Campbell Mo.</u>		24i. _____	

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

35  
3  
1

*Handwritten scribbles*

**RECEIVED**

District Health Office No. 2

District File Number 549-60

Date Filed 5-23-8

**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 *Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address Campbell, Me

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.