

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20480

State File No. ....

697  
No. 300  
10-48

80  
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4

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (in this place) <b>Most of life</b>		d. STREET ADDRESS (If rural, give location) <b>630 E. 10th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>630 E. 10th</b>			
3. NAME OF DECEASED (Type or Print) <b>SIDNEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 5, 1949</b>	
a. (First) <b>SIDNEY</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>HAMPTON</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6, 1968</b>
9. AGE (In years last birthday) <b>80</b>		10. MONTHS <b>11</b>	11. DAYS <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	
11. BIRTHPLACE (State or foreign country) <b>Jamestown, Moniteau Co. O</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Job Hampton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Renfro</b>	
14. NAME OF HUSBAND OR WIFE <b>Lillie McGhee</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>----</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C.E. Garrell,</b>		ADDRESS <b>Sedalia</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolism</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</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	
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) 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 <b>Dr. Corneil</b> , that I last saw the deceased alive on <b>June 10</b> , and that death occurred <b>at 6:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Chas. Gordon Bayfacker, M.D.</b>		23b. ADDRESS <b>Corneil, Pettis Co. - Sedalia, Mo.</b>	
23c. DATE SIGNED <b>6-6-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 7, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Camp Branch Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Country Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6/7/49</b>		REGISTRAR'S SIGNATURE <b>Betty Yeager Deputy</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Ewing</b>		ADDRESS <b>Sedalia</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 REC'D

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-15-49

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

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn  
Student Embalmer

Signed Harvey K. Dietz

Licensed Embalmer No. 4583

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.