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

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29025

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN: ~~Dexter~~ Rural — township: Richland — c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri — b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter — Rural — Richland 105 0
d. STREET ADDRESS (If rural, give location): Route 4 0 t

3. NAME OF DECEASED (Type or Print)
a. (First): Maude — b. (Middle): Lucelle — c. (Last): Hume

4. DATE OF DEATH (Month) (Day) (Year): Aug. 4, 1949

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed ✓
8. DATE OF BIRTH: April 13, 1893
9. AGE (In years last birthday): 56 — If under 1 year: Months 4, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malden, Missouri D
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Grant Hampton
13b. MOTHER'S MAIDEN NAME: Nannie C. Corbin
14. NAME OF HUSBAND OR WIFE: Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Louie Hampton — **ADDRESS**: Dexter, Mo. R. 4

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cervix — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid 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. MIX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from June 1949, to Aug 4 1949, that I last saw the deceased alive on ~~June~~ 10, 1949, and that death occurred at 10 35 P m., from the causes and on the date stated above.

23a. SIGNATURE: J L Waddell (Degree or title): MD
23b. ADDRESS: Dexter Mo
23c. DATE SIGNED: 8 Aug 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-7-49
24c. NAME OF CEMETERY OR CREMATORY: Malden cemetery
24d. LOCATION (City, town, or county) (State): Malden, Missouri

DATE REC'D BY LOCAL REG.: 8-19-49
REGISTRAR'S SIGNATURE: Rose Webb 355
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins Funeral Ser. — **ADDRESS**: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 22 1
District Health Office No.
District File Number 8 X9.8
Date Filed

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.

Signed B J Brentlinger

Signed ..... Student Embalmer

Licensed Embalmer No. 4201

P. O. Address Dixter 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.