

No. 300
10. 48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17601

State File No.

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Big Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oran, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		1000	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rural Matthews, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Oran</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William August</u> c. (Last) <u>Hampton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 50</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-18-1873</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James I. Hampton</u>	13b. MOTHER'S MAIDEN NAME <u>Dee Glass</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Jane Hampton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cashey Hampton</u>	ADDRESS <u>Matthews, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>10 yrs</u> <u>11 mos</u> <u>17 mos</u> <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Prostatic Hypertrophy</u> <u>Causing retention of urine</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1930, to 1-15, 1950, that I last saw the deceased alive on 1-14, 1950, and that death occurred at 4:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Shawna C. McClure</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>1-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-17-50</u>	REGISTRAR'S SIGNATURE <u>Helene Loud Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl F. Smith</u>	ADDRESS <u>Oran, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 195

RECEIVED

District Health Office No.

District File Number 550-3

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, ~~XXX~~

Student Embalmer No.

working under my personal supervision.

Signed *Earl J. Smith*

Signed

Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

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.