

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29362

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 4030 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Golden City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Golden City 6060	
c. LENGTH OF STAY (in this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) FLETCHER	b. (Middle) WAYNE	c. (Last) HAMPTON	4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Nov. 10, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR 9 Months 28 Days	IF UNDER 24 HRS. 0 Hours 0 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Witt, Ill. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Wilson Hampton	13b. MOTHER'S MAIDEN NAME Nancy Lavina Kinder	14. NAME OF HUSBAND OR WIFE Ella Hampton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ella Hampton, Golden City	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Kidneys		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES Morbidity 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	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 **Decemb. 1947**, to **Sept 8, 1950**, that I last saw the deceased alive on **Sept 8, 1950**, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Rudolf Kuapp, Jr. (Degree or title)	23b. ADDRESS Golden City, Mo.	23c. DATE SIGNED 9/9/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE Sept. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Golden City, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Sept. 9, 1950 Hazel H. Pugh	25. FUNERAL DIRECTOR'S SIGNATURE Phillips Funeral Home, Golden City, Mo.	ADDRESS
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NOV 9 1950

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 11 1950

Dist. File: 950-1900

Date Filed 9-10-50

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 H. H. Hughes

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.