

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37814

FILED NOV 25 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 18

1. PLACE OF DEATH
 a. COUNTY MONITEAU
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARVAH LINN
 c. LENGTH OF STAY (in this place) township) 35 yr
 d. FULL NAME OF HOSPITAL OR INSTITUTION JAMESTOWN MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY MONITEAU
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARVAH LINN
 d. STREET ADDRESS (If rural, give location) JAMESTOWN MO.

3. NAME OF DECEASED
 a. (First) CHARLES b. (Middle) WESLEY c. (Last) HAMPTON
 (Type or Print)

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1950

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) SINGLE **8. DATE OF BIRTH** Aug 12 - 1879 **9. AGE** (In years last birthday) 71 (If under 1 year: months) (If under 2 hrs: Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNED **10b. KIND OF BUSINESS OR INDUSTRY** FARMING **11. BIRTHPLACE** (State or foreign country) MISSOURI **12. CITIZEN OF WHAT COUNTRY?** U S

13a. FATHER'S NAME ALEXANDER HAMPTON **13b. MOTHER'S MAIDEN NAME** MARY SMITH **14. NAME OF HUSBAND OR WIFE** SINGLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** No **17. INFORMANT'S SIGNATURE OR NAME** Lidney T Hampton **ADDRESS** Jamestown Mo

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) Coronary Occlusion (b) Arteriosclerosis (c) Angine Pectoris
 ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 hrs
2 yrs
4 1/2 yrs
2 yrs

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)** Moniteau Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ **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 8-19, 1950, to 10-28, 1950, that I last saw the deceased alive on 10-28, 1950, and that death occurred at 2:30 PM., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Med **23b. ADDRESS** California, Mo **23c. DATE SIGNED** 11-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 11-19-1950 **24c. NAME OF CEMETERY OR CREMATORY** CONCORD CEM. **24d. LOCATION** (City, town, or county) (State) JAMESTOWN MO

DATE REC'D BY LOCAL REG. Nov 21 - 1950 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** C. ALBERT HORNBECK **ADDRESS** PAULIE HORNE MO

(Licensed Embalmer's Statement on Reverse Side)

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

0680

0680

RECEIVED 11-24-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-24-50

RECEIVED

DISTRICT HEALTH OFFICE

NO. 3

DISTRICT FILE NUMBER

DATE FILED

11-24-50

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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.