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

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17085

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSE SPRINGS MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MERAMEC TOWNSHIP 0500</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>HOUSE SPRINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWN HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>MARY</u> c. (Last) <u>(CHOTT) HAMPLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>JULY 17-1862</u>		9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>ROCK CREEK Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH KREZEL</u>	
13b. MOTHER'S MAIDEN NAME <u>KATHERINE TEHIECK</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK HAMPLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edw. J. Chott</u>		17. ADDRESS <u>House Springs Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
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) (Min.)		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 Oct 24, 1951, to 13 May 51, that I last saw the deceased alive on 13 May, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Jordan</u> (Degree or title)		23b. ADDRESS <u>House Springs Mo</u>		23c. DATE SIGNED <u>15 May 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PHILOMENAS CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>HOUSE SPRINGS - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jordan</u>		25. ADDRESS <u>House Springs Mo</u>	

DATE REC'D BY LOCAL REG. 5-19-51 REGISTRAR'S SIGNATURE Ruth Jersa 438  
 (Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED 5-21-51  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

**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 Peter B. Dubouillet

Signed.....  
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.