

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1951

State File No. 18137
4598

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline 0581</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EARL</u> c. (Last) <u>HAMPTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15, 1951</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>1-9-1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>53</u> # UNDER 1 YEAR Months _____ # UNDER 1 YEAR Days _____ # UNDER 1 YEAR Hours _____ # UNDER 1 YEAR Mins. _____
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>More D Hampton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jacobs</u>	
14. NAME OF HUSBAND OR WIFE <u>Virginia</u>		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 <u>Virginia Hampton Marceline</u> ADDRESS <u>MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LUNG</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTHS</u>	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>NONE</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		<u>CEREBRAL ANOXIA</u>	
19a. DATE OF OPERATION <u>5/8/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF LUNG</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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? <u>163X</u>		22. I hereby certify that I attended the deceased from <u>MAY 7</u> , 19 <u>51</u> to <u>MAY 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>MAY 15</u> , 19 <u>51</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. P. Bradley</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	
23c. DATE SIGNED <u>5/15/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>5-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Boston</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Marceline</u>	
DATE REC'D BY LOCAL REG. <u>MAY 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Farster</u>	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed W E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.