

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Demasot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Demasot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Heights</u>		d. STREET ADDRESS (If rural, give location) <u>Heights 0</u>	

3. NAME OF DECEASED a. (First) <u>Carson</u> b. (Middle) _____ c. (Last) <u>Hampton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 17, 1902</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 12 HRS. Days <u>16</u>	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Carson Hampton</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Black</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Hampton</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Hampton Hayti, Mo</u>	
				ADDRESS <u>Hayti, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myxoedematous</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	ANTECEDENT CAUSES <u>hypertension</u>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>myxoedematous insufficiency</u>		
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 <u>4222</u>		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)		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 Aug. 50, 1950, to June 3, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Shirley</u>		23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>6-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>		DATE REC'D BY LOCAL REG. <u>6-8-51</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. German</u>		ADDRESS <u>Hayti, Mo</u>	

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

780

6-51-148
~~75-51~~

JUN 11 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John W. Gorman

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.