

DEC 31 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 42151

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Mount Vernon,		c. CITY (If outside corporate limits, write RURAL and give township) Wright City, 1090	
c. LENGTH OF STAY (in this place) 31 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) Ray		b. (Middle) D.		c. (Last) Hampton		4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 21, 1903	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parking		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Idaho /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Claude Leonard Hampton		13b. MOTHER'S MAIDEN NAME Lillian Potter		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 471-18-9818		17. INFORMANT'S SIGNATURE OR NAME Ruby Ann Wilson, Mt. Vernon, Mo.		ADDRESS	
---	--	--	--	---	--	---------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis				INTERVAL BETWEEN ONSET AND DEATH Abt. 1 Yr.	
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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  002X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 11-10-1951, to 12-17-1951, that I last saw the deceased alive on 12-17-1951, and that death occurred at 10:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. D. Busker M.D. D.		23b. ADDRESS Mt. Vernon, Mo. Missouri State Sanatorium		23c. DATE SIGNED 12-17-51	
--	--	--	--	------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-17-51		24c. NAME OF CEMETERY OR CREMATORY State Cem.		24d. LOCATION (City, town, or county) (State) Mo State Cem.	
---	--	-----------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 12-19-51		REGISTRAR'S SIGNATURE Cecil Handcock		411		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Fossett		ADDRESS Mt V. Mo.	
--------------------------------------	--	---	--	-----	--	---	--	----------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH  
District No. 5 - Springfield

RECEIVED . DEC 21

Dist. File

Date Filled

12-21-53

12-28-53

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

*Not Embalmed.*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W H Fossett*

Licensed Embalmer No. *2201*

P. O. Address *Wt Vernon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.