

No. 300
10.48

FILED MAR 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. **3973**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 68

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, write RURAL and give town) Columbia

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 22 Worley St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Boone

c. CITY (If outside corporate limits, write RURAL and give township) Columbia

d. STREET ADDRESS (If rural, give location) 22 Worley St.

3. NAME OF DECEASED

a. (First) LUKIE b. (Middle) ELIZABETH c. (Last) HAMPTON

4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 7, 1885 9. AGE (In years last birthday) 66 UNDER 1 YEAR 7 MONTHS 21 DAYS UNDER 24 HRS. 0 HOURS 0 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Montgomery City, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Elijah Gentry 13b. MOTHER'S MAIDEN NAME Eva Davis 14. NAME OF HUSBAND OR WIFE Sam Hampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Sam Hampton, 22 Worley St., Columbia, Mo. ADDRESS _____

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Antemortem heart disease

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 2 year

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4200 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 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 2-16, 1952 to 2-28, 1952 that I last saw the deceased alive on 2-28, 1952 and that death occurred at 9:30 P m. from the causes and on the date stated above.

23a. SIGNATURE James W. Miller M.D. (Degree or title) 23b. ADDRESS Columbia Mo 23c. DATE SIGNED 2-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 1, 1952 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) Columbia, Mo.

DATE REC'D BY LOCAL REG. Mar. 1 1952 REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31. FUNERAL DIRECTOR'S SIGNATURE Parke Funeral Service, Columbia, Mo. ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.