

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 224

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SUMMERVILLE, RURAL 1010</u>	
c. LENGTH OF STAY (in this place) <u>5 mo 46 d</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSARK OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY BOY</u> b. (Middle) <u>HAMPTON</u> c. (Last) <u>HAMPTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 52</u>		
5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT 1</u>	8. DATE OF BIRTH <u>3-4-52</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>EDWARD HAMPTON</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA HEINRY</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDWARD HAMPTON - SUMMERVILLE, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURE - 6 1/2 mo.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776X</u>		20. AUTOPSY? YES <input 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 3-4, 1952, to 3-4, 1952; that I last saw the deceased alive on 3-4, 1952, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas J. [Signature]</u>		23b. ADDRESS <u>700 E. SUNSHINE</u>		23c. DATE SIGNED <u>3-4-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL 4</u>		24b. DATE <u>3-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLACK PALM</u>		24d. LOCATION (City, town, or county) (State) <u>SUMMERVILLE MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>3-5-52</u>		REGISTRAR'S SIGNATURE <u>James R. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE (PRINT) <u>E.M. Hampton</u>		ADDRESS <u>Summersville</u>	
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0530

811

1917
No. 1000

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

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

Not embalmed

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

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.