

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27393**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **249**

164
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Remiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (In this place) 9 da.		d. STREET ADDRESS (If rural, give location) Rt#1 Bragg City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) ST Francis Hosp't			

3. NAME OF DECEASED a. (First) Charles b. (Middle) JUNIOR c. (Last) Hampton			4. DATE OF DEATH (Month) (Day) (Year) August 6, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Aug 29, 1949	9. AGE (In years last birthday) 2	10. IF UNDER 1 YEAR Months 11 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Remiscot County, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Jim Hampton		13b. MOTHER'S MAIDEN NAME AONES Vaughn		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME Jim Hampton	
				ADDRESS Rt#1 Bragg City, Mo	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Polyomyelitis (Paralytic)				INTERVAL BETWEEN ONSET AND DEATH 14 days
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0800	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **July 29, 1952** to **8-6**, 19**52**, that I last saw the deceased alive on **Aug 6**, 19**52**, and that death occurred at **12:00P** m., from the causes and on the date stated above.

23a. SIGNATURE J. Cochran M.A.		(Degree or title)		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 8/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 8-6-52		24c. NAME OF CEMETERY OR CREMATORY East Woodlawn		24d. LOCATION (City, town, or county) (State) Hayti, Mo	
DATE REC'D BY LOCAL REG. 8-11-52		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE John W. GERMAN	
						ADDRESS Hayti, Mo	

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.....
Student Embalmer

Signed *John W. German*

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.