

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39333**

REC'D MAR 10 1953

REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **2017 (Missouri)**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>410 N. Main St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Hampton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 4, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-22-1898</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pierce City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ben O. Hampton</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Hampton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>446-0760791</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillie Hampton, Webb City, Mo.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 **Dec 2, 1952**, to **Mich 4, 1953**, that I last saw the deceased alive on **Mar 4, 1953**, and that death occurred at **9:AM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>P. M. Stormon MD</b> (Degree or title)		23b. ADDRESS <b>Webb City Mo</b>		23c. DATE SIGNED <b>Mo Mich 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 7 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetry</b>		24d. LOCATION (City, town, or county) (State) <b>Carterville, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3-6-'53</b>		REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Johnston-Arnce-Simpson, Webb City, Mo. Mortuary</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-9-53  
Jasper County Health Office

County File Number 53/2/229

Date Filed 3-9-53

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 \_\_\_\_\_

Student Embalmer No. ~~1163~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Shaw, Elmer*

Licensed Embalmer No. 4463

P. O. Address *Locality, 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.