. No. 300
v. 10.48

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

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16731

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6093 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Marshall Twp
c. LENGTH OF STAY (In this place) 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY [redacted]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) [redacted] 0940
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) a. (First) Olen b. (Middle) — c. (Last) Hampton Jr

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Feb 8, 1931

9. AGE (In years last birthday) 22 | IF UNDER 1 YEAR Months 2 Days 9 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Elvins Mo

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Olen Hampton Sr.

13b. MOTHER'S MAIDEN NAME Myrna Boyer

14. NAME OF HUSBAND OR WIFE None

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mr. State School. Marshall

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Phthisis Pulmonalis — INTERVAL BETWEEN ONSET AND DEATH Years —

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 002 X

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) Marshall Saline Mo

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* July 1 52, *to* May 5 53, *that I last saw the deceased alive on* May 5 53, *and that death occurred at* 1:10 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE C. L. Lawless (Degree or title) M.D.

23b. ADDRESS Marshall Mo.

23c. DATE SIGNED May 6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 7, 1953

24c. NAME OF CEMETERY OR CREMATORY Mo. State School cem.

24d. LOCATION (City, town, or county) (State) Saline County, Mo.

DATE REC'D BY LOCAL REG. May 12 53

REGISTRAR'S SIGNATURE Sidney F. Gray 385

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Campbell-Lewis Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 R. W. Campbell M.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.