

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18885

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1920 S. Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1920 S. Summit</u>		e. STREET ADDRESS (If rural, give location) <u>1920 S. Summit</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>SARAH</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>HAMPTON</u>	<u>June 2, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 28, 1862</u>	9. AGE (In years last birthday) <u>91</u>	10. IF UNDER 1 YEAR Days <u>3</u> Hours <u>14</u> Mins. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Taswell County, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Houseman</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Humphrey</u>	14. NAME OF HUSBAND OR WIFE <u>William R. Hampton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Pearl Hampton</u> ADDRESS <u>Sedalia, 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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		Over 5 yrs.
	DUE TO (b) <u>Cardio-vascular Disease.</u> DUE TO (c) <u>Endo-Arteritis Obliterans.</u>		Over 5 yrs.
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
<u>Senility, 4500</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	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 over 5 yrs 10, to June 2nd, 1953, that I last saw the deceased alive on June 2nd, 1953, and that death occurred at 3.30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>6-3-53</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/4/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Branch</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Pettis Rural</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6/4/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. JOURNAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sedalia, Mo.</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

04

JUN 26 1953

**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. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

**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.