THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20832

State File No. .....

BIRTH NO. FILED JUL 8 - 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 270

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

1. PLACE OF DEATH

a. COUNTY: Butler

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hpl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo

b. COUNTY: New Madrid

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Como Twp 0720 1

d. STREET ADDRESS (If rural, give location): R1 Catron, Mo

3. NAME OF DECEASED (Type or Print): a. (First) Mark b. (Middle) Allen c. (Last) Hampton

4. DATE OF DEATH (Month) (Day) (Year): June-18-1953

5. SEX: M O

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S O

8. DATE OF BIRTH: Dec-6-1951

9. AGE (In years last birthday): 1½ yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Missouri O

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Paul L Hampton

13b. MOTHER'S MAIDEN NAME: Cathrene Smith

14. NAME OF HUSBAND OR WIFE: ✓

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.: X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Cathrene Hampton, Catron Mo R1

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): Biliary Anhosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Congenital Atresia of Common Duct,

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 7562

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)

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* 6-17, 1953, *to* 6-18, 1953 *that I last saw the deceased alive on* 6-18, 1953, *and that death occurred at* 11:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W Henninkin, MD

23b. ADDRESS: Poplar Bluff, MO

23c. DATE SIGNED: 6-24-53

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

24b. DATE: June 20-53

24c. NAME OF CEMETERY OR CREMATORY: Barker

24d. LOCATION (City, town, or county) (State): N.W. From Parma Mo

DATE REC'D BY LOCAL REG.: 7/2/53

REGISTRAR'S SIGNATURE: R H Minehee 48

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thomas C Knight

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 6 1953
BUTLER CO. HEALTH CENTER
FILE No._____

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 Thomas E. Knight

Signed.....
Student Embalmer

Licensed Embalmer No. 2189

P. O. Address Malden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.