

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38211**

State File No. ....

**FILED DEC 2 - 1953**

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>4030</u>		Registrar's No. _____	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Barton</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Golden City</u> )		a. STATE <u>Missouri</u>		b. COUNTY <u>Barton</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs.</u>		c. CITY OR TOWN <u>Golden City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0060</u>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <u>MARK</u>	b. (Middle) _____	c. (Last) <u>COMPTON</u>	(Month) _____	(Day) <u>24</u>	(Year) <u>1953</u>		
Type or Print							
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 17, 1874</u>	<b>9. AGE</b> (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours _____ Mins. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Springfield, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Jackson Aquilla Compton</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Lavina Mathis</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Alice Jeanette Compton</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>---</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. J. Carl Inman, Grandview, Mo.</u>				<b>ADDRESS</b> _____	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)				<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>arteriosclerosis</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:				DUE TO (c) _____			
Conditions contributing to the death but not related to the disease or condition causing death.							
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____		<b>(COUNTY)</b> _____ <b>(STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) _____ (Day) _____ (Year) _____ (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <u>March 1947</u> , to <u>Nov 23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov 23</u> , 19 <u>53</u> , and that death occurred at <u>7:15 a.</u> m., from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (In case of title) <u>Rudolf Kuepfer</u>				<b>23b. ADDRESS</b> <u>Golden City, Mo</u>		<b>23c. DATE SIGNED</b> <u>11/27/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Nov. 27, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>I.O.O.F. Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) <u>Golden City, Mo.</u> (State) _____		
<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 27-1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Wagel St. Pugh</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Phillips Funeral Home</u>		<b>ADDRESS</b> <u>Golden City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

306  
48

**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.....  
Signature of Student Embalmer

Signed..... *H. P. Hugh*

Licensed Embalmer No. *321*

P. O. Address *Golden, C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.