

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39606

State File No.

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 3036 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Buckprarie twship)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 Marionville</u> <u>0550</u> <u>7</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Javen</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Wampler</u>	(Month) <u>Dec.</u>	(Day) <u>12</u>	(Year) <u>1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5 1895</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>58</u>	<u>5</u> Months	<u>7</u> Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Lee County Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Wampler</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Huff</u>	14. NAME OF HUSBAND OR WIFE <u>Winnifred Wampler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W. # 1</u>	16. SOCIAL SECURITY NO. <u>W.W. # 1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Winnifred Wampler</u>	ADDRESS <u>Marionville</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>with hypertension</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1952, to 12 Dec., 1953, that I last saw the deceased alive on 12 Dec., 1953, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Ramsey</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marionville, Mo.</u>	23c. DATE SIGNED <u>12 Dec. '53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>	24d. LOCATION (City; town, or county) (State) <u>Clever Mo.</u>
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DATE REC'D BY LOCAL REG. <u>DEC. 12/53</u>	REGISTRAR'S SIGNATURE <u>Ora McRatt</u>	157	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Surridge</u>	ADDRESS <u>Marionville Mo</u>
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DEC 31 1953

DEC 29 1953

DEC 29 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 Herman Lussidge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.