V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41806

FILED DEC 11 1953

BIRTH NO. 866-46 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 (187) Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: New Madrid
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): -----

0721 1

3. NAME OF DECEASED (Type or Print): a. (First) Jimmie b. (Middle) Wayne c. (Last) Hampton
4. DATE OF DEATH (Month) (Day) (Year): 11 27 1953
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby 0
8. DATE OF BIRTH: 11-19-1953
9. AGE (In years last birthday): —; IF UNDER 1 YEAR: Months —, Days 8; 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 (City and State or Foreign Country): Sikeston, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Riley Hampton, Jr.
13b. MOTHER'S MAIDEN NAME: Mary E. Northern
14. NAME OF HUSBAND OR WIFE: 0
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME: Mary E. Hampton, ADDRESS: New Madrid, Mo.

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) Immaturity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Premature birth

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: 776 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)
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* 11-25, 1953, *to* 11-27, 1953, *that I last saw the deceased alive on* 11-27, 1953, *and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alden L. Sargent (Degree or title) MD
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 11-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-53
24c. NAME OF CEMETERY OR CREMATORY: Armour
24d. LOCATION (City, town, or county) (State): Saint Bertrand Mo

DATE REC'D BY LOCAL REG.: 12-4-53
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mary Jones Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 7 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1253-262

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 John Allutton

Licensed Embalmer No. 2941

P. O. Address Sikeston

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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