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FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11580**

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5315** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL SALINE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL SALINE	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) NEAR WOODRIDGE MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR WOODRIDGE MO			

3. NAME OF DECEASED (Type or Print) MOSES PAYNE HAMPTON			4. DATE OF DEATH APRIL 14-1954		
a. (First)		b. (Middle)	c. (Last)		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 29-1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 15	IF UNDER 24 HRS. 15	IF UNDER 60 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. COUNTRY OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME JAMES HAMPTON		13b. MOTHER'S MAIDEN NAME SARAH SMITH		14. NAME OF HUSBAND OR WIFE ALLIE HAMPTON	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME J.P. Hampton Bonville MO				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) arterio-sclerosis & diabetes						
	DUE TO (c)						
11. 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 4200					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)	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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. J. P. Hampton		23b. ADDRESS Bonville MO		23c. DATE SIGNED 4/17/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 17-1954	24c. NAME OF CEMETERY OR CREMATORY WALNUT GRAVE CEM	24d. LOCATION (City, town, or county) (State) BONVILLE MO		
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DATE REC'D BY LOCAL REG. 4/19/54	REGISTRAR'S SIGNATURE O.T. Meredith		442	25: FUNERAL DIRECTOR'S SIGNATURE C. Albert Hornbeck		ADDRESS Bonville Home	
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(Licensed Embalmer's Statement on Reverse Side)

MO.

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

AUG 2 1956

AUG 21 1956

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prarie Home m

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.