

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15187

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>5</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		d. STREET ADDRESS (If rural, give location) <u>0170</u> <u>2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211. West Fourth Street.</u>				d. STREET ADDRESS (If rural, give location) <u>211. West Fourth Street.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Alba</u> c. (Last) <u>Hampton.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May. 21/ 1954</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>Nov. 24. 1877</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>			11. BIRTHPLACE (State or foreign country) <u>Carroll County Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Robert Frank Hampton.</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Weeks.</u>				
14. NAME OF HUSBAND OR WIFE <u>Ada Hampton.</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>				
17. INFORMANT'S SIGNATURE OR NAME <u>Roger E Hampton</u>			17. ADDRESS <u>K.C. Mo.</u>						
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Arterio Sclerosis</u> 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 <u>60 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 1948</u> , to <u>May 21, 1954</u> , that I last saw the deceased alive on <u>July 21, 1954</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Warrens, Mo.</u>		23c. DATE SIGNED <u>5/21/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowgap. Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>16 Miles North Norborne Mo</u>			
DATE REC'D BY LOCAL REG. <u>May 24-1954</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>		46		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Deitch</u> ADDRESS <u>Norborne Mo</u>			

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

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Harbone 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.