

FILED OCT 18 1954

STANDARD CERTIFICATE OF DEATH

34663

State File No.

BIRTH NO. REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 79

de 80

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Rural - Linn Township</u>		c. CITY OR TOWN <u>4 mi N. Jamestown</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0680</u>	

3. NAME OF DECEASED (Type or Print) <u>Job</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1954</u>		
a. (First)	b. (Middle)	c. (Last)	a. (First)	b. (Middle)	c. (Last)
		<u>Hampton</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>April 4 - 1894</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>4</u>	11. DAYS <u>25</u>	12. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri - Rural</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W Hampton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rebecca Reifow</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Rebecca Hampton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Rebecca Hampton</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		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) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</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	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) <u>Rural (County) Moniteau Mo</u>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/29 1954 to 8/29 1954, that I last saw the deceased alive on 8/29 1954, and that death occurred at 8:27 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Benjamin D. O'Leary</u> (Degree & title)	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>8/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-2-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jamestown Mo.</u>
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REC'D BY LOCAL REG <u>79/2/54</u>	REGISTRAR'S SIGNATURE <u>H. P. Pappas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>	ADDRESS <u>California Mo.</u>
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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 *Hugh C Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.