

STANDARD CERTIFICATE OF DEATH

36258

State File No. _____

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4192 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgedale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgedale</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jeanie</u>	b. (Middle)	c. (Last) <u>Hampton</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>October 15, 1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 14, 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Bonwell</u>	13b. MOTHER'S MAIDEN NAME <u>Elrod</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Hampton-deceased</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>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josie Lewallen</u>	ADDRESS <u>Ridgedale</u>
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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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</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 type="checkbox"/>
		<u>4221</u>

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 3/13/53, 19 , to 10/15/54, 19 , that I last saw the deceased alive on 10/15/54, 19 , and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Josie Lewallen</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Branson, Mo.</u>	23c. DATE SIGNED <u>10/15/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>L.C. Holt Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>10-21-54</u>	REGISTRAR'S SIGNATURE <u>J.E. Copeland</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L.C. Holt</u>	ADDRESS <u>Harrison, Arkansas</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

060
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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
Student Embalmer

Signed Charles Hart

Licensed Embalmer No. 819 Ark

P. O. Address Harrison, Ark

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.