

FILED JAN 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 41862

BIRTH NO. _____		REG. DIST. NO. <u>265</u>		PRIMARY REG. DIST. NO. <u>3888</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Creek Township</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>0770</u>		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>Rural Big Creek Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>HAMPTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH 19 th AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 1 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>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MONROE HAMPTON</u>			13b. MOTHER'S MAIDEN NAME <u>JANE STACY</u>		14. NAME OF HUSBAND OR WIFE <u>Calvin Meyers Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>96 hours</u> <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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>May 10</u> , 19 <u>54</u> , to <u>Nov 29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>54</u> , and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. J. Johnson MD</u>				23b. ADDRESS <u>Garrettsville, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lotie</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-54</u>		REGISTRAR'S SIGNATURE <u>Mae Johnson</u> 243-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clint Kingland Funeral Home Garrettsville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

7790
1No. 3504
10, 46

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 *J. M. P. Alary*.....

Licensed Embalmer No. *4885*.....

P. O. Address *Leominster*.....

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.