

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43096**

FILED DEC 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **180**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Scott</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY OR TOWN <b>Sikeston</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 Day</b>		• STREET ADDRESS (If rural, give location) <b>Route 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>Emma</b>	b. (Middle) <b>Bernice</b>	c. (Last) <b>Hampton</b>	(Month) <b>11</b>	(Day) <b>26</b>	(Year) <b>1954</b>

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>11-10-1928</b>	<b>9. AGE</b> (In years last birthday) <b>26</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>16</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>0</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Dorsey, Mississippi</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Benjamin Franks</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lola Christian</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Joe Hampton</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>0</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Joe Hampton, Route 2, Sikeston, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>5-6 days</b> <b>March 1950</b> <del>Nov 1951</del>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>UREMIA</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>CHRONIC Pyelitis + Cystitis</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>1. Paraplegia. 2. Angina pectoris</b>		<b>NOV 1951</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Co. Mo. MO</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>m.</b>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 10-1, 1953, to 11-26, 1954, that I last saw the deceased alive on 11-25, 1954, and that death occurred at 8:00 A. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Andrea B. Smith M.D.</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>Sikeston, Missouri</b>	<b>23c. DATE SIGNED</b> <b>11-29-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>11-28-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Dog Wood</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>East Grange MO</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>12-8-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Ella Hunter</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Orville Taylor</b>	<b>ADDRESS</b> <b>Sikeston, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED DEC 13 1954

SCOTT. CO. HEALTH DEPT.

CO. FILE No. 1254257

DEC 20

**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. Edgar McMillan*.....

Licensed Embalmer No. 469

P. O. Address East River

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.