

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

7537

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 13

01803

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

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution/residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Johnson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellsimore Rural</u>	
c. LENGTH OF STAY (In this place) <u>4 Fe</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Carmel Convent</u>			

3. NAME OF DECEASED a. (First) <u>Uri</u> (Type or Print)			b. (Middle) <u>Dow</u>			c. (Last) <u>Hampton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 4 1955</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 <u>June 1 1877</u>			9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. <u>77</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				11. BIRTHPLACE (State or foreign country) <u>Iron Co Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>S.P. Hampton</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Abrams</u>			14. NAME OF HUSBAND OR WIFE		
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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>497-16-0522</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Hampton Hunter</u>		ADDRESS <u>Mo</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & 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>447 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>m</u>	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 Head of Arrival, 1955, that I last saw the deceased alive on 4-8-55, 1955, and that death occurred at m, from the causes and on the date stated above.

23a. SIGNATURE <u>Colonel W.A. Sproul</u>	(Degree or title)	23b. ADDRESS <u>Van Buren, Mo</u>	23c. DATE SIGNED <u>4-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Carter Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 9-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Oita Hanson</u>	50-	25. FUNERAL DIRECTOR'S SIGNATURE <u>Peurtt Van Buren</u>	ADDRESS <u>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
Student Embalmer

Signed Leaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren me

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.