

STANDARD CERTIFICATE OF DEATH

State File No. **7941**

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **2**

+221

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. CITY OR TOWN Clinton,	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) 301 S. Water St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 S. Water St. His Home		d. STREET ADDRESS 301 S. Water St.	
3. NAME OF DECEASED (Type or Print) a. (First) EWEI		b. (Middle) DAVID	
c. (Last) HAMPTON		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1894
9. AGE (in years last birthday) 61		10. IF UNDER 1 YEAR: Months 1 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Marysville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Wm. Tate Hampton		13b. MOTHER'S MAIDEN NAME Henryetta Allsbury	
14. NAME OF HUSBAND OR WIFE Edith DeVoe Hampton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 515-07-9876		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ewel D. Hampton, Clinton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 min	
ANTECEDENT CAUSES		DUE TO (b) chest cold	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) decompensated heart	
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"/>		4201	
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) (Min.)	
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 2-8 , 19 55 , to 2-12 , 19 55 , that I last saw the deceased alive on 2-12 , 19 55 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. J. Lowell, D.O.		23b. ADDRESS Clinton Mo	
23c. DATE SIGNED 2-13-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Feb. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Abilene Cemetery	
24d. LOCATION (City, town, or county) (State) Abilene, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE H. J. Tausant	
DATE REC'D BY LOCAL REG. Feb-14-55		REGISTRAR'S SIGNATURE Florence Adair	
ADDRESS Clinton, Mo.		ADDRESS Clinton, Mo.	

DEC 3 1950

MAR 6 1956

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 W. A. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.