

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20828

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PUXICO</u>		c. LENGTH OF STAY (In this place) <u>4 DAYS</u>	c. CITY OR TOWN <u>CHAFFEE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HEARAIN NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>311 E DAVIDSON AVE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ONA</u> b. (Middle) <u>IRENE</u> c. (Last) <u>HAMPTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>AUG. 15 1906</u>
9. AGE (In years last birthday) <u>48</u> 10. MONTHS <u>10</u> 11. DAYS <u>9</u>		9. AGE (In years last birthday) <u>48</u> 10. MONTHS <u>10</u> 11. DAYS <u>9</u>	
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 <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>VAUDUSER MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>✓</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
13a. FATHER'S NAME <u>JESS ARCHER</u>		13b. MOTHER'S MAIDEN NAME <u>ELEEN JOYCE</u>	14. NAME OF HUSBAND OR WIFE <u>CLYDE HAMPTON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>499-20-7089</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. BIRL KELLER - ROCK FALLS ILL.</u>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure RFU #2</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma Right Parotid Gland.</u> <u>8 mo.</u> DUE TO (c) <u>Extreme Hypovitaminosis et Malnutrition.</u> <u>6 mo.</u> 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1421</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
22. I hereby certify that I attended the deceased from <u>8/2</u> , 19 <u>54</u> , to <u>6/19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/19</u> , 19 <u>55</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. H. Hehner, D.O.</u>		23b. ADDRESS <u>Chaffee, Missouri</u>	23c. DATE SIGNED <u>6/27/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>none</u>	24b. DATE <u>6-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO</u>
DATE REC'D BY LOCAL REG. <u>7/10/55</u>		REGISTRAR'S SIGNATURE <u>Pearl Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STUBBS' Funeral Home, Chaffee, MO</u>

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

10304

CHAFFEE MO

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 *C. J. Lorberg*.....

Licensed Embalmer No. *3810*

P. O. Address *Cape Breton*

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.