

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2285

State File No. ....

FILED JAN 16 1956

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3927</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY OR TOWN <u>Rural, Green Ridge Twp</u>		c. LENGTH OF STAY (in this place) <u>-</u>		c. CITY OR TOWN <u>Windsor</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 52 6 1/2 mi W. of Highway # 65</u>				e. STREET ADDRESS (If rural, give location) <u>207 S. Franklin</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>WOOD</u> c. (Last) <u>HAMPTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1, 1956</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 2, 1926</u>	
9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic - International Shoe Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Preston P. Hampton</u>			13b. MOTHER'S MAIDEN NAME <u>Goldie May Hutzler</u>		14. NAME OF HUSBAND OR WIFE <u>Gloria Frances Seal</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 10-7-45 to 2-3-47</u>		16. SOCIAL SECURITY NO. <u>44-2356-28</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Preston Hampton</u> ADDRESS <u>R4 Windsor, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anulision of Brain</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Fractures and Partial Anulision of Skull.</u> DUE TO (c) <u>Compound, comminuted fracture left humerus; Multiple rib fractures; Bilateral pneumothorax; Extrusion of abdominal viscerae;</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>and comminuted fracture left ilium.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 52-6 1/2 mi W. of Highway # 65</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Windsor</u> (COUNTY) <u>Pettis</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 1, 1956. 1:39 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In one-car auto accident. crushed the body of the deceased, as Deputy Coroner of Pettis County, Mo.</u>			
22. I hereby certify that I attended the deceased from <u>1:35 A.M.</u> to <u>1:50 A.M.</u> on <u>1-1-1956</u> , and that death occurred at <u>1:29 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or title) <u>J.M. Anderson, M.D. Deputy Coroner Pettis County</u>				23b. ADDRESS <u>219 1/2 S. Ohio - Sedalia, Mo.</u>		23c. DATE SIGNED <u>1-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-10-56</u>		REGISTRAR'S SIGNATURE <u>Lauria Coontz, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor, Mo.</u>			

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

FEB 9 1956  
JAN 25 1956

FEB 10 1956

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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.....  
Signature of Student Embalmer

Signed *William M. Turner*.....

Licensed Embalmer No. *464*.....

P. O. Address *Windsor 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.