

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1956

17467

State File No. \_\_\_\_\_

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bonne Terre 0</b>		c. LENGTH OF STAY (in this place) <b>11 Da.</b>	c. CITY OR TOWN <b>Farmington RR</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp.</b>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elsie</b> b. (Middle) <b>Alberta</b> c. (Last) <b>Hampton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 16 1884</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State) <b>St. Francois, Mo.</b>		12. OPEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Albert Norris Hull</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Elizabeth Ayers</b>		14. NAME OF HUSBAND OR WIFE <b>Albert H. Hampton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Chalk</b> ADDRESS <b>Farmington, Mo</b>	

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) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Nephrosclerosis</b>		<b>2 yrs</b>
		DUE TO (c) <b>Diabetes mellitus</b>		<b>10 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis yes</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)		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 Nov 1954 to May 23, 1956, that I last saw the deceased alive on May 22, 1956, and that death occurred at 9:20 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. E. Cantelero M.D.</b>		23b. ADDRESS <b>Farmington Mo</b>		23c. DATE SIGNED <b>5-25-56</b>	
--	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION-REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 26, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Christain Church</b>	
				24d. LOCATION (City, town, or county) (State) <b>Libertyville, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>5-25-56</b>		REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cozean Funeral Home, FARMINGTON, Mo.</b>	
---	--	--	--	--	--

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

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.....

Licensed Embalmer No. 40.....

P. O. Address, Faring.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.