

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19401

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

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6240</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hammond</u>		c. LENGTH OF STAY (In this place) <u>all life</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Quaker</u>				e. STREET ADDRESS (If rural, give location) <u>Near Quaker 1100</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Compton</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May-16-1956</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>June 21 1898</u>		
9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>10</u>		11. DAYS <u>21</u>		12. IF UNDER 16 yrs. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>merchandise</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Daniel Compton</u>		13b. MOTHER'S MAIDEN NAME <u>Manda Wilkinson</u>		14. NAME OF HUSBAND OR WIFE <u>Oma Compton</u>				
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Allen Hillborn</u> ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardium</u>  ANTECEDENT CAUSES DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>less than 1</u> hr. <u>2 1/2 yrs.</u>	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>4/27</u> , 19 <u>56</u> , to <u>4/27/56</u> , 19____, that I last saw the deceased alive on <u>4/27/56</u> , 19____, and that death occurred at <u>1:35 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Signed or title) (C) <u>Jack Miller MD</u>				23b. ADDRESS <u>Bonne Terre, Missouri</u>		23c. DATE SIGNED <u>5/23/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Joseph Lippel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>5/29/56</u>		REGISTRAR'S SIGNATURE <u>Herbert Rudall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Luther Sparks Petosi</u> ADDRESS <u>Mo.</u>				

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

JUN 12 1956

REC'D & 2 900A  
AUG 23 1956

RECEIVED

MAY 29

WASH. COUNTY HEALTH DEPT.

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

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 *Murphy Spahr*  
Licensed Embalmer No. *4256*  
P. O. Address *1st Ave.*

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.

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