

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **24722**

**FILED AUG 10 1956**

BIRTH NO. _____		REG. DIST. NO. <b>300</b>		PRIMARY REG. DIST. NO. <b>6030</b>		Registrar's No. <b>19</b>	
1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Reynolds</b>			
b. CITY OR TOWN <b>Rural - W866 Twp</b>		c. LENGTH OF STAY (in this place) <b>4 yrs</b>		c. CITY OR TOWN <b>Rural - W866 Twp</b>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of DANIEL ELLIOTT EVANS</b>				e. STREET ADDRESS (If rural, give location) <b>8900</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Amanda</b> b. (Middle) <b>Holland</b> c. (Last) <b>Hampton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28 56</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 30, 1870</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR <b>8</b> Months <b>21</b> Days	IF UNDER 48 HRS. <b>21</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Iron County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>William Ratliff</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Crabtree</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John H. Hampton, Rialton</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>Myocardial Degeneration</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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? <b>4222</b> 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) (Min.) _____		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 <b>June 27, 1954</b> to <b>July 26, 1956</b> , that I last saw the deceased alive on <b>July 26, 1956</b> and that death occurred at <b>1:35 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Kenneth T Carter P.O.</b>				23b. ADDRESS <b>Ellington, Mo</b>		23c. DATE SIGNED <b>July 28/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hyatts Cassk</b>		24d. LOCATION (City, town, or county) (State) <b>Lesterville (Rural)</b>		
DATE REC'D BY LOCAL REG. <b>July 29/56</b>		REGISTRAR'S SIGNATURE <b>Essie Evans</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas S. Penick</b> ADDRESS <b>Ellington, Mo</b>			

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

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Received 8-7-56

Reynolds County Health

File No. 856 - 27

Received

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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 *Chas. S. Pruitt* .....

Licensed Embalmer No. 4574

P. O. Address *Ellington, Tenn.*

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.