

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28013

STATE FILE NUMBER

FILED SEP 5 1956

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bonne Terre</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Rural Burtontown</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bonne Terre Hospital</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>Near Peter's</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Alice</i> Middle <i>Horton</i> Last			4. DATE OF DEATH Month <i>Aug.</i> Day <i>16</i> Year <i>1956</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 20-1884</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>71</i> UNDER 1 YEAR IF UNDER 24 HRS. Months <i>11</i> Days <i>26</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <i>Washington Co. Mo</i>
13. FATHER'S NAME <i>William Hampton</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
14. MOTHER'S MAIDEN NAME <i>Elnora Hampton</i>		17. INFORMANT Address <i>Norma Doty Frank Day Mo</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>491XH</i> DUE TO (c) <i>491XH</i> PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Suspected carcinoma of colon with complete intestinal obstruction.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>8-8-56</i> to <i>8-16-56</i> and last saw her alive on <i>8-16-56</i> Death occurred at <i>10:00 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. Muller M.D.</i> (Degree or title)		22b. ADDRESS <i>33 No. Allen, Bonne Terre, Mo.</i>	
22c. DATE SIGNED <i>8-28-56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>8-14-56</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>St. Ann's Burial Co.</i>		23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Mr. Luther Sparks Peter's Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Aug 28, 1956</i>	
		26. REGISTRAR'S SIGNATURE <i>Esther Rindlaff</i>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Matthew L. Spivey

Licensed Embalmer No. *432*

P. O. Address.....
1101 Main St

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