THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1957

57 021652
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 174

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Johnson | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Johnson |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN Warrensburg, — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence, R.R.#5 — Length of stay in 1b 18 Months | d. STREET ADDRESS (If outside, give location) R.R. #5, Warrensburg, — Reside on Farm Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: THOMAS | Middle: FRANKLIN | Last: HAMPTON | 4. DATE OF DEATH Month Day Year: June 9th. 1957 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH: May 7, 1872 | 9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer | 10b. KIND OF BUSINESS OR INDUSTRY: farming | 11. BIRTHPLACE (City and state or country): Moniteau County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME: John Wesley Hampton, | | 14. MOTHER'S MAIDEN NAME: Pallyanna Renfrow | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT Address: Mrs. John Baile, Warrensburg, Mo. | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 10 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ No

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-8-41, to June 9, 1957 and last saw her/him alive on June 9, 1957

Death occurred at 9:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | | |
|---|---|---|---|
| 22a. SIGNATURE (Degree or title): O. H. Garrison M.D. | 22b. ADDRESS: Warrensburg, Missouri | 22c. DATE SIGNED: 6-10-1957 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 6-11-1957 | 23c. NAME OF CEMETERY OR CREMATORY: Laural Oak Cemetery, | 23d. LOCATION (City, town, or county) (State): Windsor, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS: R.A. Brauninger, Warrensburg, Missouri | 25. DATE RECD. BY LOCAL REG.: June 10, 1957 | 26. REGISTRAR'S SIGNATURE: Savannah Crutchfield | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..R. A. Brauninger.....

Licensed Embalmer No...3

P. O. Address Warrens

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.