. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35443
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1051

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 905 W. Pershing — Length of stay in 1b: 22 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 905 W. Pershing — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Emma — Middle ---- — Last Hampton

4. DATE OF DEATH: Month Oct. Day 28, Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 23, 1878
9. AGE (In years last birthday): 79 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homes
11. BIRTHPLACE (City and state or country): Dallas, Texas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Dr. Jesse Hampton
13b. MOTHER'S MAIDEN NAME: Charlotte Kite
14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.:
17. INFORMANT (sister) Address: Mrs. W. C. Farmer-Springfield, 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) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Osteoarthritis, severe 331/X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 10-27-57 to 10-28-57 and last saw her/him alive on 10-28-57
Death occurred at 7:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S G Dittmer (Degree or title) MD
22b. ADDRESS: 800 Med Arts Bldg Springfield, Mo.
22c. DATE SIGNED: 10/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 30, 1957
23c. NAME OF CEMETERY OR CREMATORY: East Lawn Cemetery
23d. LOCATION (City, town, or county), (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Springfield, Missouri. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-1-57
26. REGISTRAR'S SIGNATURE: Estella Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 26 1958

JUN 4 1958

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 ---------- Signed [signature]
Signature of Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Springfield, M

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.