

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43943

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>		
b. CITY OR TOWN <b>Kennett, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Campbell, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dunklin County Memorial Hospital</b>		Length of stay in lb <b>2 days</b>	d. STREET ADDRESS <b>718 Lake</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>GERTRUDE HAMPTON</b>			4. DATE OF DEATH Month <b>12</b> Day <b>27</b> Year <b>57</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-9-1889</b>	9. AGE (In years) <b>68</b> (birthday)	IF UNDER 1 YEAR Months <b>12</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>E. W. Hendrix</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Webb</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Leon Keller, 718 Lake, Campbell, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>12-25-57</b> to <b>12-27-57</b> and last saw her alive on <b>12-26-57</b> Death occurred at <b>3:00 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Joel H. Zimmerman, M.D.</b> (Degree or title)			22b. ADDRESS <b>Kennett Mo.</b>		22c. DATE SIGNED <b>12-30-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-29-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hall Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francis, Arkansas</b>
24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-31-1957</b>	26. REGISTRAR'S SIGNATURE <b>Leon Keller</b>

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

MEDICAL CERTIFICATION

70.  
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RECEIVED DUNELIN COUNTY HEALTH

DEPARTMENT 1-6-58

COUNTY FILE NUMBER ~~1683~~

158-33

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 Christina M. Landes

Licensed Embalmer No. 4227

P. O. Address Campbell, Va

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.