

HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2196

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 265 204 Primary Registration District No. 5888 Registrar's No. 6

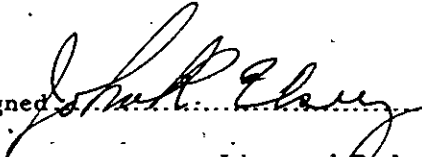
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek</u>		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>Ocie, Mo.</u>		Inside Limits Yes ☐ No ☒				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 160</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Big Creek Twp</u>			Reside on Farm Yes ☐ No ☒		
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Hansel</u> Last <u>Hampton</u>				4. DATE OF DEATH Month <u>1</u> Day <u>21</u> Year <u>58</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>2-4-1940</u>		9. AGE (In years last birthday) <u>17</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>		11. BIRTHPLACE (City and state or country) <u>Ocie, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Monroe M. Hampton</u>				14. MOTHER'S MAIDEN NAME <u>Eulah M. Friend</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>495-40-6243</u>		17. INFORMANT <u>Monroe Hampton, Ocie, Mo</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest</u>								INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>		
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) <u>8351 33</u>								19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ <u>3</u>		
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Crushed Between Truck and Barn while unloading feed.</u>							
20c. TIME OF INJURY // Hour <u>1</u> Month <u>21</u> Day <u>58</u> a. m. <u>3</u>										
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.) <u>Walter Hord Farm</u>			20f. CITY, TOWN, OR LOCATION <u>Lutic, Ozark, Mo</u>			STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>John R. Elsey, Coroner</u>					22b. ADDRESS <u>Gainesville, Mo</u>			22c. DATE SIGNED <u>1-22-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-24-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lutic</u>			23d. LOCATION (City, town, or county) (State) <u>Lutic, Mo.</u>			
24. FUNERAL DIRECTOR <u>Clinkingbeard - Gainesville</u>					25. DATE RECD. BY LOCAL REG. <u>2-1-58</u>		26. REGISTRAR'S SIGNATURE <u>Thane Mahan</u>			

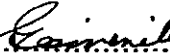
(Licensed Embalmer's Statement on Reverse Side)

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 .....
Licensed Embalmer No. 488

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It is the duty of the embalmer 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.