

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013639

STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Mo. State Prison Hospital</u> b. CITY (If outside corporate limits, give township only) OR TOWN <u>Jefferson City</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri State Prison Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY, <u>Pemiscot</u> c. CITY OR TOWN <u>Bragadoccio</u> <u>0780</u> d. STREET ADDRESS (If outside, give location) <u>0</u>			
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Hampton</u> Last <u></u>			4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1958</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-18-84</u>	9. AGE (In years, if UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months <u>74</u> Days <u></u> Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pemiscot Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown / Alice Hampton</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mo. State Prison Records - Jms.</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>Arterios clerotic Cardiovascular with decompensation, 6 mo.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u>4221</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>11-21-57</u> to <u></u> date and last saw <u>her</u> alive on <u>5:08 PM</u> Death occurred at <u>5:10 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>			22b. ADDRESS <u>Prison Hospital</u>		22c. DATE SIGNED <u>5-8-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5/12/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kirksville College of Ost Kirksville, Mo.</u>	23d. LOCATION (City, town, or county) (State)				
24. FUNERAL DIRECTOR <u>Thorpe J Gordon, Jefferson City</u>		25. DATE RECD. BY LOCAL REG. <u>Mo 12 May 1958</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Harris, MD-MR.</u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *128*
P. O. Address *Jeff City*

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.