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& Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019174
STATE FILE NUMBER

FILED JUN 10 1958

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Little River Twnshp. Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hayti Mo. Rt. 1 Length of stay in 1b: 32 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Hayti 0780 Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route one Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Clara Middle: Lee Last: Hampton

4. DATE OF DEATH: Month: May Day: 14 Year: 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 2, 1903

9. AGE (In years last birthday): 55 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): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Weakley County, Tenn.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harvey Lee Rudd

13b. MOTHER'S MAIDEN NAME: Emma Gaskin

14. NAME OF HUSBAND OR WIFE: Arthur Hampton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Arthur Hampton- Rt. 1 Hayti, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable Cancer - Etiology ?? — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 1992
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 [ ] NO [X] 2

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 5/1/58 (only) to ____ and last saw her/him alive on 5/1/58
Death occurred at 3:25 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joe K. Dunsworth MD

22b. ADDRESS: Hayti, Mo.

22c. DATE SIGNED: 5/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 16, 1958

23c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery

23d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.S.Smith Funeral Home- C'ville. Mo.

25. DATE RECD. BY LOCAL REG.: 5-28-58

26. REGISTRAR'S SIGNATURE: John W Herman

(Licensed Embalmer's Statement on Reverse Side)

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6-166-58

JUN 9 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville Missouri

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.