

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032156

STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 111

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tipton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's		Length of stay in 1b 7 days	d. STREET ADDRESS (If outside, give location) 3 Miles N. W. Tipton		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SARAH DELIA HAMPSON			4. DATE OF DEATH Month Day Year September 12, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 7, 1874	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City and state or country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Stanton		13b. MOTHER'S MAIDEN NAME Ruth Beeman		14. NAME OF HUSBAND OR WIFE William Hampson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Mrs John Monks, (daughter) Tipton, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis - ?</i> <i>Intestinal Obstruction</i> DUE TO (b) <i>Intestinal Obstruction</i> DUE TO (c) <i>5705</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I (a)) <i>Marked Generalized Malnutrition</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 Hours</i> <i>3 days</i>
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 Month, Day, Year a.m. p.m.					
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 <i>9/5/58</i> to <i>9/12/58</i> and last saw her alive on <i>9/12/58</i> Death occurred at <i>8:20 AM</i> m in the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. J. Humphreys MD</i>		22b. ADDRESS <i>Boonville Mo</i>		22c. DATE SIGNED <i>Sept. 13, 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept. 15, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Syracuse Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Syracuse, Missouri</i>	
24. FUNERAL DIRECTOR <i>James E. Richard</i>		ADDRESS <i>Tipton, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9/13/58</i>	26. REGISTRAR'S SIGNATURE <i>D. Hooper</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Jamece E. Richards*

Licensed Embalmer No. 2466

P. O. Address Tipton, Mo.

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.