

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032200
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 98 Primary Registration District No. 4163 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <i>Laveress</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Laveress</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jamesport</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Jamesport</i> 03100 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>WILLA MAULDE HAMPTON</i>			4. DATE OF DEATH <i>Sept. 21 1958</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 25 - 1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Colorado</i>
13. FATHER'S NAME <i>Wm Chapman</i>		14. MOTHER'S MAIDEN NAME <i>Kathryn Mahala</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>none</i>		17. INFORMANT <i>Mrs Clarence Hobbs, Trenton Mo</i>	
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>Hypostatic Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Paralysis of Epiglottis</i> DUE TO (c) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 day</i> <i>6 day</i> <i>6 da</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Atherosclerosis - Acute Hepatitis</i>			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 Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>7-9-56</i> to <i>Sept 21 - 58</i> and last saw her alive on <i>Sept 21 58</i> Death occurred at <i>7908</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. B. Kelly M.D.</i> (Print or type)		22b. ADDRESS <i>Jamesport Mo</i>	22c. DATE SIGNED <i>9-23-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Sept. 23-1958</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Rock Springs</i>	23d. LOCATION (City, town, or county) (State) <i>Rock Springs Mo.</i>
24. FUNERAL DIRECTOR <i>Harvey Bohner</i> ADDRESS <i>Jamesport Mo</i>		25. DATE RECD. BY LOCAL REG. <i>9-27-58</i>	26. REGISTRAR'S SIGNATURE <i>Viggo Engelhart</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

80

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 Lawrence Allen Robinson Student Embalmer No. 56 working under my personal supervision..

Student Lawrence A. Robinson
Signature of Student Embalmer

Signed James L. Robinson

Licensed Embalmer No. 92

P. O. Address James St.

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.