

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038560
STATE FILE NUMBER

FILED OCT 24 1958

Registration District No. 373

Primary Registration District No. 3074

Registrar's No. 189

300
1-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston 1000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		Length of stay in 1b 5 Days	d. STREET ADDRESS (If outside, give location) Route #4
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First ROBERT	Middle RAYMOND	Last HAMPTON	4. DATE OF DEATH	Month 10	Day 7	Year 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-20-1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Daniel Hampton	13b. MOTHER'S MAIDEN NAME Anna Doyle	14. NAME OF HUSBAND OR WIFE Mary Burns Hampton
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Mary Hampton, Sikeston, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 332X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemiplegia - Rt	

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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 Sikeston, Mo.	COUNTY	STATE
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21. I attended the deceased from 10-3-58 to 10-8-58 and last saw ^{her} / _{him} alive on 10-8-58 Death occurred at 1:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrea B. Smith M.D.	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 10-9-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-58	23c. NAME OF CEMETERY OR CREMATORY Old Morley Cemetery	23d. LOCATION (City, town, or county) (State) Morley, Missouri
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24. FUNERAL DIRECTOR Funnelee Funeral Chapel Sikeston, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-13-58	26. REGISTRAR'S SIGNATURE Max East Hunter
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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NOV 3 1958

DATE RECEIVED 10-20-58
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1058-240

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 Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Skuta, 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.