

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 24 1959

59-026719

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6495** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,	Length of stay in 1b 27 days	c. CITY OR TOWN Bethalto,	(Inside Limits) Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOI in hospital, give location) St. Louis-Little Rock Hospitals, Inc.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 Garfield Street	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Isaac Middle Monroe Last Hampton	4. DATE OF DEATH Month July Day 8, Year 1959.
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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 Sept. 1, 1887	9. AGE (last birthday) 71 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent-Telegrapher	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) CENTRALIA, MO.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME ZEBULON HAMPTON	13b. MOTHER'S MAIDEN NAME MARTHA E. COFFELT	14. NAME OF HUSBAND OR WIFE Bessie
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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. 709-12-2545	17. INFORMANT BESSIE HAMPTON - BETHALTO, ILL.
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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) Myocardial Infarction DUE TO (b) Carcinoma of Cecum DUE TO (c) 153.0	INTERVAL BETWEEN ONSET AND DEATH 2 hrs 3-4 mo.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Resection of Cecum	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year

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 BETHALTO, ILL.	COUNTY Madison	STATE ILL.
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21. I attended the deceased from June 12, 1959 to July 8, 1959 and last saw ^{her} / _{him} alive on July 8, 1959 Death occurred at 3 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Pennington MD (Degree or title)	22b. ADDRESS 1755 South Grand Blvd.,	22c. DATE SIGNED 7-9-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-11-59	23c. NAME OF CEMETERY OR CREMATORY GIRARD CEMETERY	23d. LOCATION (City, town, or county) (State) GIRARD ILL.
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24. FUNERAL DIRECTOR Shane Funeral Home	ADDRESS Girard, Illinois	25. DATE RECD. BY LOCAL REG. JUL 9 59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer R Cadwell

Licensed Embalmer No. 4077

P. O. Address Seaside

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.