

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

131  
59-027808

FILED VS JUL 31 1959 3 3

Registration District No. \_\_\_\_\_ Primary Registration District No. 3074 Registrar's No. 2074

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Length of stay in 1b <b>7 days</b>	c. CITY OR TOWN <b>Diehlstadt</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>Mo. Delta Community Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Not numbered or named</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ELIGA PRESNELL HAMPTON</b>			4. DATE OF DEATH Month Day Year <b>July 18, 1959</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-5-1907</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Schoolbus Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Diehlstadt, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Daniel R. Hampton</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Council</b>		14. NAME OF HUSBAND OR WIFE <b>Marguerite Morgan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>486 18 6028</b>	17. INFORMANT Address <b>Marguerite M. Hampton,</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>6 MONTHS</b>
IMMEDIATE CAUSE (a) <b>CHRONIC MALNUTRITION</b>		
DUE TO (b) <b>BRONCHIOGENIC CARCINOMA OF LEFT LUNG - UNKNOWN</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>POST OP LEFT TOTAL PNEUMONECTOMY</b>		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

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 _____ 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	COUNTY STATE

21. I attended the deceased from **7-11-59** to **7-18-59** and last saw him alive on **7-18-59**  
Death occurred at **6:20 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>May A. Hunt MD</b>	22b. ADDRESS <b>Sikeston, Mo.</b>	22c. DATE SIGNED <b>7-21-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-20-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maynard Cemetery</b>
23d. LOCATION (City, town, or county) (State) <b>Near Diehlstadt, Mo.</b>		

24. FUNERAL DIRECTOR ADDRESS <b>Edw. G. Nunnelee Nunnelee Funeral Chapel, Charleston</b>	25. DATE RECD. BY LOCAL REG. <b>7-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3951

VS  
JUL 31 1959

**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 Edward E. Pinner

Licensed Embalmer No. 4164

P. O. Address Sibston, V

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.