

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036688

FILED VS. OCT 28 1959

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5093 Registrar's No. 74

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JEFFERSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PLATTIN TOWNSHIP</u> Length of stay in 1b <u>YAS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT HOME</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u> c. CITY OR TOWN <u>FESTUS, MO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R. #1, HIGHWAY #61</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>CORA F. HAMPTON</u> Middle Last			<b>4. DATE OF DEATH</b> Month <u>Oct.</u> Day <u>17</u> Year <u>1959</u>				
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>DEC 23 1910</u>	<b>9. AGE (last birthday)</b> <u>68</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>24</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>HOME</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>HYDEN KY.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>FARMER</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>REACHEL GROSS</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>WM. N. HAMPTON</u>			

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>494-07-8029</u>	<b>17. INFORMANT</b> Address <u>William N. Hampton, R. #1, Festus, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of ovary - site of origin not absolutely certain</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 months</u>
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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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____				

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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**21. I attended the deceased from** Jan 7, 1957 to 10/17/59 and last saw her alive on 9/21/59  
 Death occurred at 11:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>J. M. Anfield M.D.</u>	<b>22b. ADDRESS</b> <u>Crystal City, Mo.</u>	<b>22c. DATE SIGNED</b> <u>10/17/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>23b. DATE</b> <u>10-21-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>ROSELAWN</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>

<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>James R. Cady Crystal City, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Oct. 21-1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Marie Garcia</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6981 87100 SA

**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 James Richard Cody  
Licensed Embalmer No. 4307

P. O. Address CRYSTAL CITY, VA

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.