

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

RECEIVED

FILED VS JUN 14 1960

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3010

229

=60-018614

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 37 yr	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So uttheast Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 216 S Middle		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lula Middle Irene Last Hampton			4. DATE OF DEATH Month June Day 2 Year 1960		
5. SEX Female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 9 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Gordonville Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Arthur L Kinder		13b. MOTHER'S MAIDEN NAME Cora Lape		14. NAME OF HUSBAND OR WIFE George	
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. NONE	17. INFORMANT Mr George Hampton Cape Gir Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Metastatic carcinoma of the cervix uteri 5 months
DUE TO (c) Carcinoma of Cervix					7 months
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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	COUNTY	STATE	
21. I attended the deceased from 3/27/59 to 6/2/60 and last saw her alive on 6/2/60 Death occurred at 3:55 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ronald M. Hoxworth, M.D.			22b. ADDRESS 24 N. Spring Street Cape Girardeau, Missouri		22c. DATE SIGNED 6/4/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 5 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.		
24. FUNERAL DIRECTOR Brinkopf Hgwell, Cape Gir Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-7-60	26. REGISTRAR'S SIGNATURE Drene Kasten	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 17 1960

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 Neil H. Grosshede

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.