URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

-60-030572

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4183

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay 9 days ~~50 yrs~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3808 Appleton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Vernon Middle L. Last Hampton

4. DATE OF DEATH Month 8 Day 14 Year 60

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-23-1903
9. AGE (last birthday) 57 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist
10b. KIND OF BUSINESS OR INDUSTRY Kansas City Star
11. BIRTHPLACE (City and state or country) Carrollton Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Valentine Hampton
13b. MOTHER'S MAIDEN NAME Etta Mae Creamer
14. NAME OF HUSBAND OR WIFE Irene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-03-3064
17. INFORMANT Irene Hampton Address 3808 Appleton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bile Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 4 Days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ruptured Duodenal Stump following surgery. — 8 Days.
DUE TO (c) Chronic Duodenal Ulcer — 25 yrs.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept 1951, to 8/14/60 and last saw her/him alive on 8/14/60
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. L. Biggs, M.D.
22b. ADDRESS Raytown, 33, Mo
22c. DATE SIGNED 8/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-17-60
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR Shirl Colonial — ADDRESS 11924 E 47 - KC Mo.
25. DATE RECD. BY LOCAL REG. 8-15-60
26. REGISTRAR'S SIGNATURE H L Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. L. Biggs

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_____ Signed John P Shil

Signature of Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K C Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.