

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS NOV 29 1960

NDED

Registration District No. 264

Primary Registration District No. 2

Registrar's No. 5-6

60-042966

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ozark</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Big Creek</b>		Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>Lutie</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Big Creek Twsp.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Rachel</b> Middle <b>Patience</b> Last <b>Hampton</b>				4. DATE OF DEATH Month <b>11</b> Day <b>20</b> Year <b>1960</b>			
5. SEX <b>Fe.</b>		6. COLOR OR RACE <b>W</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-1-1871</b>	
9. AGE (last birthday) <b>89</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Lutie, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>	
13a. FATHER'S NAME <b>Benjamin Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Delila Duggins</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Hampton</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>none</b>		17. INFORMANT Address <b>Palmer Willhoit, Lutie, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CERERRO-VASCULAR ACCIDENT</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERY OCCLUSION</b> DUE TO (c) <b>CEREBRAL ARTERIOSCLEROSIS</b> 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						INTERVAL BETWEEN ONSET AND DEATH <b>6 day</b>	
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 <b>2:5 A</b> Month, Day, Year <b>10-29-58</b> 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 <b>Lutie, Missouri</b>	
20g. COUNTY		20h. STATE					
21. I attended the deceased from <b>10-29-58</b> to <b>11-20-60</b> and last saw <b>her</b> alive on <b>11-19-60</b> Death occurred at <b>2:5 A</b> <b>2:5 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Arthur L. Beard</b> (Degree or title) <b>Mo.</b>				22b. ADDRESS <b>Gainesville, Mo.</b>		22c. DATE SIGNED <b>11-22-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-22-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lutie,</b>		23d. LOCATION (City, town, or county) (State) <b>Lutie, Missouri</b>	
24. FUNERAL DIRECTOR <b>Clinkingbeard, Gainesville, Mo.</b>		ADDRESS <b>11-28-60</b>		25. DATE RECD. BY LOCAL REG. <b>11-28-60</b>		26. REGISTRAR'S SIGNATURE <b>Thane Mahan</b>	

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

*John R. Usrey*

Licensed Embalmer No. 4885

P. O. Address

*Gainesville*

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.