

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-005353

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 706

FILED VS MAR 1 1961

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAMDEN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 24 days		c. CITY OR TOWN SUNRISE BEACH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle R Last HAMPTON				4. DATE OF DEATH Month FEBRUARY Day 8 Year 1961			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-18-94	
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months 6 Days 0		IF UNDER 24 HR Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) LAWRENCEBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank Hampton			13b. MOTHER'S MAIDEN NAME Ida Bandy			14. NAME OF HUSBAND OR WIFE Ruth Hampton Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI				16. SOCIAL SECURITY NO. —		17. INFORMANT Ruth Hampton (Wife) 3518 Dallas, VA HOSPITAL OFFICAL RECORDS, K. C. MO.	
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
IMMEDIATE CAUSE (a) Bronchopneumonia right							
DUE TO (b) Bronchogenic carcinoma of right main stem of bronchus with mediastinal extension							
DUE TO (c) _____							
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 checked="" 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 _____ 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. VA attended the deceased from <u>1-15-61</u> to <u>2-8-61</u> and last day of life was <u>2-9-61</u> Death occurred at <u>4:50 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>S. H. Choy</i> (Degree or title)				22b. ADDRESS VA Hospital, K. C. Mo.			22c. DATE SIGNED 2-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb. 13, 1961		23c. NAME OF CEMETERY OR CREMATOR National Cemetery		23d. LOCATION (City, town, or county) (State) Fort Leavenworth Kansas	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, 1331 Brush Creek Blvd. Kansas City, Mo				25. DATE RECD. BY LOCAL REG. 2-10-61		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT INSTEAD OF BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 G. Dwyer*

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.