MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 236 Primary Registration District No. 5817 Registrar's No. 43 —61—030163 STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY: Morgan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mill Creek Township — Length of stay in 1b: Lifetime

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3 Mi. West Fortuna — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Morgan

c. CITY OR TOWN: Fortuna — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 3 Mi. West Fortuna — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Arthur Middle: Eubank Last: Compton

4. DATE OF DEATH: Month: Sept. Day: 4, Year: 1961

5. SEX: Male

6. COLOR OR RACE: Cau.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/21/83

9. AGE (last birthday): 77 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Morgan County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wm. Compton

13b. MOTHER'S MAIDEN NAME: Mary Rodgers

14. NAME OF HUSBAND OR WIFE: Gertie Hamby

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.:

17. INFORMANT: Mrs. Gertie Compton, Address: Fortuna, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Essential Hypertension (Maligant) — years.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bleeding Peptic ulcer.

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 April 1961, to Sept 4, 1961 and last saw ~~him~~ him alive on Sept 4, 1961

Death occurred at 8:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Washburn M.D.

22b. ADDRESS: Versailles, Mo

22c. DATE SIGNED: 9-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 6, 1961

23c. NAME OF CEMETERY OR CREMATORY: Glensted Cemetery

23d. LOCATION (City, town, or county) (State): Morgan County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Kidwell Funeral Home, Versailles

25. DATE RECD. BY LOCAL REG.: 9-5-61

26. REGISTRAR'S SIGNATURE: J. L. Washburn

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond C. Stoke

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

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.