

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040316

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 291

FILED DEC 5 1961

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>6 Days</u>		c. CITY OR TOWN <u>Steedman</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Amos</u> Middle <u>Lee</u> Last <u>Hampton</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/21/1891</u>		9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and state or country) <u>Steedman, Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Oscar Hampton</u>				13b. MOTHER'S MAIDEN NAME <u>Ella Dora Garrett</u>				14. NAME OF HUSBAND OR WIFE <u>Martha Ann</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				17. INFORMANT <u>Clifford Hampton, Mexico, Mo</u>				Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>7</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pac. Lowe Lip. (Auto Accident) 11-25-61</u>						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 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 <u>5:00</u> a.m. p.m. <u> </u> Month, Day, Year <u>11-25-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Callaway Mo</u>		COUNTY		STATE			
21. I attended the deceased from <u>11-25-61</u> to <u>Death</u> and last saw her alive on <u>12-11-61</u> Death occurred at <u>12-2-61</u> <u>5:00</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>John W. Kroun M.D.</u>						22b. ADDRESS <u>Fulton Mo</u>			22c. DATE SIGNED <u>12-2-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>Dec. 4, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Reform Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Rural Callaway Co Mo</u>					
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton, Mo</u>					ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec. 2-1961</u>		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>				

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Leon Dale Toedtman, Student Embalmer No. 650
working under my personal supervision.

Student Leon Dale Toedtman
Signature of Student Embalmer

Signed Denzil C Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.