

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011656

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 26

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

VS 300
Rev. 4/59

10500
20500

3
4 0
5 2
6
7 1
8 2
94200
10
11
12 90-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN TOWNSHIP		Length of stay in 1b	c. CITY OR TOWN FESTUS, MISSOURI
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R #1, HIGHWAY 61, FESTUS, MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #1, HIGHWAY #61
3. NAME OF DECEASED (Type or print) First WILLIAM Middle NOEL Last HAMPTON SR.		4. DATE OF DEATH Month MAR. Day 17 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOBACCO WORKER		10b. KIND OF BUSINESS OR INDUSTRY TOBACCO	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) NEWBURG, IND.		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME THOMAS HAMPTON		13b. MOTHER'S MAIDEN NAME ELIZA NOEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT WM. N. HAMPTON JR. FESTUS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5+ years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			
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 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 _____ 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. I attended the deceased from April 3, 1957 to present and last saw him live on March 14, 1962 Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. M. Campbell M.D. (Degree or title)		22b. ADDRESS Crystal City, Mo.	22c. DATE SIGNED 3/19/62
23a. (BURIAL) CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-20-62	23c. NAME OF CEMETERY OR CREMATORY ROSELAWN	23d. LOCATION (City, town, or county) CRYSTAL CITY MISSOURI
24. FUNERAL DIRECTOR James R. Cady, Crystal City, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 3-20-1962	26. REGISTRAR'S SIGNATURE Marie Harris

USE BLACK INK OR TYPEWRITER RIBBON

MAR 26 1962

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 Richard Cadry
Licensed Embalmer No. 4309

P. O. Address Crystal City, 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.