

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

--62-035496

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 5793 Registrar's No. 60

FILED SEP 17 1962	
1. PLACE OF DEATH a. COUNTY Moniteau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jamestown, Mo- Linn Length of stay in 1b 34 Yrs c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home- Rt # 2. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau c. CITY OR TOWN Jamestown, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Rt # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Erma Middle Bell Last Hampton	
4. DATE OF DEATH Month Sept Day 8 Year 1962	
5. SEX Female	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 10/5/09
9. AGE (last birthday) 52	IF UNDER 1 YEAR Months 52 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Moniteau Co	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Fredrick Seitz	13b. MOTHER'S MAIDEN NAME Ella Potter
14. NAME OF HUSBAND OR WIFE Elvin D. Hampton	
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. None	
17. INFORMANT Elvin D. Hampton-Jamestown, Mo 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) Ventricular Fibrillation DUE TO (b) Acute Myocardial Failure Unknown DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Grand Mal Seizures 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 3A Month, Day, Year July 1, 1955	
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.)
20f. CITY, TOWN, OR LOCATION Jamestown Mo COUNTY Linn STATE Mo	
21. I attended the deceased from July 1, 1955 to Aug 8, 1962 and last saw her alive on Aug 5, 1962 Death occurred at 3A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS Jamestown Mo
22c. DATE SIGNED 8/9/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/10/62
23c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery	23d. LOCATION (City, town, or county) (State) Jamestown, Mo
24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 9/11/62
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.