

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047618

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 4302 Registrar's No. 247

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 19 1962**

1. PLACE OF DEATH  
 a. COUNTY Livingston  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chula Length of stay in 1b 3 1/2 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Livingston  
 c. CITY OR TOWN Chula Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location)  Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Harry Middle Benton Last Hampton  
 4. DATE OF DEATH Month December Day 13 Year 1962  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 7/19/1889 9. AGE (last birthday) 73  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer  
 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Linn County Missouri  
 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME William Alexander Hampton 13b. MOTHER'S MAIDEN NAME Margaret Ann McQuaid  
 14. NAME OF HUSBAND OR WIFE Ann Hampton  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
 16. SOCIAL SECURITY NO.  17. INFORMANT Donnie I Hampton Address 803 Jefferson Jefferson City, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pneumonia Terminal INTERVAL BETWEEN ONSET AND DEATH 1 day  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Decompensation 2 mos  
 DUE TO (c) Coronary Sclerosis 2 yrs  
 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.  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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.  
 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 Jan. 15, 1958 to Dec. 13-62 and last saw <sup>her</sup>him alive on Dec. 13-62  
 Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph Conrad M.D. 22b. ADDRESS Chillicothe, Mo 22c. DATE SIGNED Dec. 14/62  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/17/1962 23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery 23d. LOCATION (City, town, or county) (State) Chillicothe MO  
 24. FUNERAL DIRECTOR ADDRESS E.J. Robertson Funeral Home - Chula MO 25. DATE RECD. BY LOCAL REG. Dec. 14, 1962 26. REGISTRAR'S SIGNATURE Annalee Taylor

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *J. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo, Tex.*

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.