

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027229

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 543

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 12 1963

VS 300  
Rev. 4/59

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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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		Length of stay in 1b <u>45 Days</u>	c. CITY OR TOWN <u>Gallatin</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>University of Mo. Med Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Johnson St.</u>
3. NAME OF DECEASED (Type or print) First <u>Max</u> Middle <u>Wayne</u> Last <u>Hampton</u>		4. DATE OF DEATH Month <u>8</u> - Day <u>8</u> - Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-41</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assist Foreman Chemical plant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Mo.</u>
13a. FATHER'S NAME <u>Homer Hampton</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Thomas</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>University of Mo. Med Center / Columbia Mo</u>	
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>CARDIOVASCULAR SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
DUE TO (b) <u>GENERALIZED SEPSIS</u>		<u>24 hrs.</u>	
DUE TO (c) <u>ACUTE GASTROINTESTINAL HEMORRHAGE</u>		<u>36 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HODGKINS DISEASE</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>1:30</u> a.m. Month, Day, Year <u>8-8-63</u>		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 <u>Columbia</u> COUNTY <u>Daviess</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>7-23-63</u> to <u>8-8-63</u> and last saw her/him alive on <u>8-8-63, 1:30 a.m.</u> Death occurred at <u>2:50 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arthur T. Cross M.D.</u>		22b. ADDRESS <u>U. M. M. C.</u>	
22c. DATE SIGNED <u>8/8/63</u>		22d. CITY, TOWN, OR COUNTY <u>Columbia</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8-8-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Scotland's Cem</u>	
23d. LOCATION (City, town, or county) <u>Daviess County, Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Hope F. H. Gallatin Jr.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 8, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

AUG 14 1963

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**STATEMENT BY LICENSED EMBALMER**

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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 Donald L Roberts

Licensed Embalmer No. 4722  
P. O. Address Columbia 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.