

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001303

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 2

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 15 1963

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>                         |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Windsor</b>  |  | Length of stay in 1b<br><b>3 years</b>  | c. CITY OR TOWN <b>Windsor</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>305 Montgomery St.,</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>305 Montgomery St.,</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <b>Preston Phillip Hampton</b>  |  |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>4</b> Year <b>1963</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-27-1889</b>   |
| 9. AGE (last birthday)<br><b>73</b>  |  | IF UNDER 1 YEAR<br>Months <b>73</b> Days <b></b> Hours <b></b> Min. <b></b>   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired farmer</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired farmer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Monteau County, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>John Wesley Hampton</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Ida Stephens</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Goldie Hutsler</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>499-40-2945A</b>  |  |
| 17. INFORMANT<br><b>Mrs. Goldie Hampton, Windsor, Mo.</b>  |  | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Penetrating Gun Shot wound of abdomen</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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<br>Hour _____ a.m. _____ p.m.<br>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 <b>unattended</b> to _____ and last saw her/him alive on _____<br>Death occurred at <b>2:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><b>Richard V. Long M.D.</b> (Degree or title)<br><b>Henry County coroner</b>   |  | 22b. ADDRESS<br><b>1065 3rd Clinton Mo.</b>   | 22c. DATE SIGNED<br><b>1-4-63</b><br>(State)   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>1-6-1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Oak Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Windsor, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Ellis M. Huston, Windsor, Missouri</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 9-1963</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Bigum</b>  |

USE BLACK INK OR TYPEWRITER RIBBON

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Permit Obtained 1-9-62

(M.B.)

**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 Ellis M. Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.