No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

154

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 12

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks (Specify whether
In this community 4 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 45
(a) State Missouri (b) County Howard 0
(c) City or town Fayette 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 5 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AUSTIN WAKEFIELD WAMPLER
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Inez Long Wampler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 - 20 - 1895 (Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Strouther Wampler
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Nye
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Austin W. Wampler 1
(b) Address Route 5, Fayette, Mo.
17. (a) Burial (b) Date thereof 1-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 1-14-48 (b) Mrs R E Palmer 31
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec 14, 1947 to Jan 13, 1948
that I last saw him alive on Jan 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insuf - ficiency	1 yr
Due to: Coronary thrombosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 E
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. S. Baskett (M. D. or other) M.D.
Address Columbia, Mo. Date signed 1/14/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/23/68

FEB 9

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed W. V. Whitsides

Licensed Embalmer No. 3893

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 this body is not embalmed, fact should be so stated above.