S. No. 300
v. 10-48

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hampton

State File No. 15582

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6131 Registrar's No. 55

010
1

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

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teresita
c. LENGTH OF STAY (in this place): 57 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Montier Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teresita 1010
d. STREET ADDRESS (If rural, give location): Montier Twp

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Caroline
c. (Last): Culpepper

4. DATE OF DEATH (Month) (Day) (Year): March 23-50

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 8-1871
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houseife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Caplinger
13b. MOTHER'S MAIDEN NAME: Susan Culpepper
14. NAME OF HUSBAND OR WIFE: R C Culpepper

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'S SIGNATURE OR NAME ADDRESS: R C Culpepper Mtn View, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Auricular Fibrilation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4331

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1949, *to* March 23, 1950, *that I last saw the deceased alive on* Mar 23, 1950 *and that death occurred at* 6:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Lavere Hampton 2 Do
23b. ADDRESS: Summersville
23c. DATE SIGNED: Mar 31

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial C
24b. DATE: 3-26-50
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
24d. LOCATION (City, town, or county) (State): Teresita, Mo.

DATE REC'D BY LOCAL REG.: 4-1-50
REGISTRAR'S SIGNATURE: G. S. Rollin Per M Rollin 306
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-4-50
District Health Officer No. 5
District File Number 4-50, 212
Date Filed 4-8-50

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Joe B. Duncan

Signed.....
Student Embalmer

Licensed Embalmer No. 4325

P. O. Address Mtn View 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.