No. 300
10-48

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

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19167

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 42

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STODDARD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LIBERTY 1030
d. STREET ADDRESS (If rural, give location): DEXTER, Mo. Route # 2.

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) KATHERINE c. (Last) HAMPTON
4. DATE OF DEATH (Month) (Day) (Year): April 27, 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 17-1908
9. AGE (In years last birthday): 42 IF UNDER 1 YEAR Months: 4 Days: 10 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Canada (Sleeman) 2
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Henry Helm
13b. MOTHER'S MAIDEN NAME: Zealeth Dunn
14. NAME OF HUSBAND OR WIFE: Fred Hampton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Fred Hampton, ADDRESS: Dexter, Mo. Route #2

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Breast — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 170X
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* Jan, 1951, *to* April 27, 1951, *that I last saw the deceased alive on* 4-25, 1951, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. S. Dauz M.D. (Degree or title)
23b. ADDRESS: Dexter Mo.
23c. DATE SIGNED: 4-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 29-51
24c. NAME OF CEMETERY OR CREMATORY: Dexter cemetery
24d. LOCATION (City, town, or county) (State): Dexter, Mo.

DATE REC'D BY LOCAL REG.: 5-9-51
REGISTRAR'S SIGNATURE: Velma V. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: CHILES UND. CO. ADDRESS: Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 15 1951
DISTRICT HEALTH OFFICE No. 6
No.....

MAY 17 1951

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, & by Lulu Cooper # 3499, working under my personal supervision.

Student Embalmer No.....

Signed Lulu C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Signed.....
Student Embalmer

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.