

FILED JUN 14 1955

## STANDARD CERTIFICATE OF DEATH

HAMPSON  
State File No. 17442

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6136		Registrar's No. 319	
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY SHANNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Township 29		c. LENGTH OF STAY (In this place) 574RS.		c. CITY OR TOWN Township 29		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Spring Valley Hosp				e. STREET ADDRESS (If rural, give location) 4 M. N. Smsville, Mo. 1010			
3. NAME OF DECEASED (Type or Print) FANNIE		a. (First) FANNIE		b. (Middle) JANE		c. (Last) Smith	
4. DATE OF DEATH		Month		Day		Year	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, NEVER DIVORCED (Specify) Widowed		8. DATE OF BIRTH JAN. 26-1873	
9. AGE (In years last birthday) 82		if UNDER 1 YEAR Days 4		if UNDER 2 YEARS Hours		if UNDER 24 HRS. 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 (City and State or Foreign Country) Leasburg, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME William Davis		13b. MOTHER'S MAIDEN NAME Artresse McWilliams	
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT'S SIGNATURE OR NAME Homer Smith				ADDRESS Smsville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerosis					
		DUE TO (c) Arterial Hypertension					
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 332X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1946, to _____, 1955, that I last saw the deceased alive on May 28, 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. H. Langston, D.O.				23b. ADDRESS Summersville, Mo.		23c. DATE SIGNED June 9	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-1-55		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Summersville, Mo.	
DATE REC'D BY LOCAL REG. 6-14-55		REGISTRAR'S SIGNATURE Clyde A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S Mt. View, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John J. Deane* .....

Licensed Embalmer No. *251*

P. O. Address *Yonkers, N.Y.*

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.