

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1949

State File No. \_\_\_\_\_

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Hi-WAY #61-67</u>			d. STREET ADDRESS (If rural, give location) <u>13309 So. 7th St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>DEMPSEY</u> b. (Middle) _____ c. (Last) <u>WARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 8-49</u>		
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5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>FEB-22-1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE - MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>J. Nooter Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Belle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-01-5807</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Belle Ward</u>	ADDRESS <u>13309 So. 7th</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(Verdict of Jury) A verdict of death by burning due to fire caused</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>accident of truck turning over on highway 61 at K highway, Imperial, Mo.</u>		
	DUE TO (c) <u>We cannot determine no criminal liability from the evidence.</u>		
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 <u>68 26 32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Imperial Jefferson Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 8 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>50 Accident</u>
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22. I hereby certify that I attended the deceased from Inquest, 1949, to Apr 8, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>David J. Mahan</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>DeSoto, Mo.</u>	23c. DATE SIGNED <u>Apr. 8</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 9: 49</u>	REGISTRAR'S SIGNATURE <u>Phil J. Kirk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A W McLaughlin</u>	ADDRESS <u>2301 Lafayette</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
APR 12 1949  
Date Filled  
District File Number

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.

Signed C W Cooper

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.