

S. No. 300  
v. 10.48

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16825

035-0  
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BIRTH NO. <del>103</del>		REG. DIST. NO. 103	PRIMARY REG. DIST. NO. 5417	Registrar's No. 8
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give name of city or town) <u>Senath Mo</u>		c. LENGTH OF STAY (in this place) <u>70 years</u>		
c. CITY (If outside corporate limits, write RURAL and give township) <u>Senath Rural</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>RUSSELL</u>		b. (Middle) _____		c. (Last) <u>DEMPOSEY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>5/14/1950</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/27-1870</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>79 4 17</u>		10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
11. BIRTHPLACE (State or foreign country) <u>Cape County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Dempsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Rusha Ann Dempsey</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Marshall J. Dempsey</u> ADDRESS <u>Senath Mo</u>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>senility</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>March</u> , 19 <u>50</u> , to <u>May</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 4</u> , 19 <u>50</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. F. Bell, M.D.</u>		23b. ADDRESS <u>Senath Mo</u>		23c. DATE SIGNED <u>5/16/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>
24d. LOCATION (City, town, or county) (State) <u>Senath Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Emerson</u> ADDRESS <u>Jamestown Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-24-50</u>		REGISTRAR'S SIGNATURE <u>Bertha Kunsolus</u>		(Licensed Embalmer) Statement on Reverse Side

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 5-26-80 .....  
COUNTY FILE NUMBER 550-154

**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 .....  
Student Embalmer

Signed W. T. Emmerman.....

Licensed Embalmer No. 959.....

P. O. Address Janesboro.....

**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.