

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19834

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>85</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kennett, Mo</u> )			c. LENGTH OF STAY (in this place) <u>8 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Township</u>			<u>0357</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>NE of Hornersville, Mo.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Maudie</u>		b. (Middle) <u>Mandy</u>		c. (Last) <u>Dempsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-17-1912</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Van Buran Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Mauil Waddel</u>			13b. MOTHER'S MAIDEN NAME <u>Sara Francis Sledge</u>			14. NAME OF HUSBAND OR WIFE <u>Bert Dempsey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bert Dempsey</u>				ADDRESS <u>Hornersville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia - lower nephron syndrome</u>								
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis middle celiac vein</u> DUE TO (c) <u>Cause undetermined</u>								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>lacunoma of cervix (supp report)</u>								
19a. DATE OF OPERATION <u>7-3-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Thrombosis middle celiac V. Reaction Transverse colon + sigmoid reaction</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>7-1</u> , 19 <u>50</u> , to <u>7-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-9</u> , 19 <u>50</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul C. Miltnerberger M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>7-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 11</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greenway, Arkansas</u>				
DATE REC'D BY LOCAL REG. <u>7-11-1950</u>		REGISTRAR'S SIGNATURE <u>Carl Huskard</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Funeral Home</u>		ADDRESS <u>Kennett, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 7-12-50 .....  
COUNTY FILE NUMBER 750-200

**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

*Edgar Beal Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett 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.