

JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

D. Dempsey

20006

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5427</u>		Registrar's No. <u>74</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 township) <u>Kennett, Mo.</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett, Mo.</u>		0350		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Independent Rural # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLE</u> b. (Middle) <u>H</u> c. (Last) <u>STATLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-11-1952</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan-13-1864</u>		
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____		IF UNDER 1 YEAR Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spencer Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Henry Statler</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Dead</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if so, specify) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. W. Crum Bragg, 3001</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interstitial Nephritis</u> 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 <u>594X</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>May</u> , 19 <u>52</u> , to <u>June 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>52</u> , and that death occurred at <u>7 a. m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>D. Dempsey</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>6-17-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-17-1952</u>		REGISTRAR'S SIGNATURE <u>Carl H. Hubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lafayette Medical Co. Caruthersville Mo</u>				

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

0350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-18-52
COUNTY FILE NUMBER 652-156

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 Charles E. Mung

Licensed Embalmer No. 4877

P. O. Address Cantersville, 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.