

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31394

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

OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 96

4110

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> <u>0415</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reed Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Schardein</u> c. (Last) <u>Dempsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 8, 1859</u>
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Eugene 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 ADDRESS <u>Luther Schardein Redding, Iowa</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Frosted hip Aug 31/52</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 F</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>County home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bethany Harrison Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-31-52 10<sup>A</sup> m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell from bed</u>			
22. I hereby certify that I attended the deceased from <u>8-31</u> , 19 <u>52</u> , to <u>9-28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr 28</u> , 19 <u>52</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. Reed</u> (Degree or title)		23b. ADDRESS <u>502 Bethany Mo</u>	
23c. DATE SIGNED <u>10-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 3, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Center Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10/7/52</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boch C. Dumble, Trent City, Mo.</u>	

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 \_\_\_\_\_

*Bill Dunfee*

working under my personal supervision.

Student Embalmer No. *445*

Signed *Bill Dunfee*  
Student Embalmer

Signed *Arch C Dunfee*

Licensed Embalmer No. *3252*

P. O. Address *Hart City, 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.