

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43782**

FILED DEC 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY OR TOWN <b>Hayti</b>	c. LENGTH OF STAY (in this place) <b>1 Wk.</b>	c. CITY OR TOWN <b>Wardell</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pemiscot County Hosp.</b>			
e. STREET ADDRESS (If rural, give location) <b>Wardell, Mo. 6780</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIE</b>	b. (Middle) <b>THEREN</b>	c. (Last) <b>DEMPSEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 9, 1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Norris City, Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Johnny Dempsey</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Tant</b>	14. NAME OF HUSBAND OR WIFE <b>Katie Dempsey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY <b>524-10-8234</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Agnes Hillih, Wardell, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>332 X</b>
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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?
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22. I hereby certify that I attended the deceased from **Nov. 20, 1953**, to **Dec. 14, 1953**, that I last saw the deceased alive on **Dec. 14, 1953**, and that death occurred at **6:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>C. D. Raices M.D.</b>	(Degree or title)	23b. ADDRESS <b>Hayti, Mo.</b>	23c. DATE SIGNED <b>12-19-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-15-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wardell Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-22-53</b>	REGISTRAR'S SIGNATURE <b>John W. Herman 406-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Osburn Funeral Home, Wardell, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0-781  
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12-400-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 29 1953

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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.....  
Signature of Student Embalmer

Signed *James A. Johnson*.....

Licensed Embalmer No. 4185.....

P. O. Address..... Wardell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.