

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1728

FILED FEB 2 1954

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 37		
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>				
b. CITY OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>43 yrs</b>		c. CITY OR TOWN <b>JOPLIN</b>		d. Is 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>621 JACKSON</b>				e. STREET ADDRESS (If rural, give location) <b>621 JACKSON 0493</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>DEMPSEY</b>			b. (Middle) <b>H</b>		c. (Last) <b>SOUTHARD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 21 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, <b>MARRIED</b>	8. DATE OF BIRTH <b>APR 11 1887</b>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>66</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POLICE OFF. PUBLIC SERVICE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LEBANON, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN A. SOUTHARD</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA JANE HOUGH</b>		14. NAME OF HUSBAND OR WIFE <b>VIOLET SOUTHARD</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VIOLET SOUTHARD</b> ADDRESS <b>JOPLIN</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>5 months.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the sigmoid.</b>				DUPLICATE OF (a) <b>None</b>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (b) <b>None</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>153 X</b>				
19a. DATE OF OPERATION <b>10-3-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Palliative colostomy. Carcinoma of sigmoid with rectal peritoneal &amp; hepatic metastasis.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE		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 <b>9-21</b> , 19 <b>53</b> , to <b>1-16</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1-16</b> , 19 <b>54</b> ; and that death occurred at <b>12:20 am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>R. E. DeTangre, M.D.</b>				23b. ADDRESS <b>410 Jackson, Joplin, Mo.</b>		23c. DATE SIGNED <b>1-23-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 23, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>WEBB CITY Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-26-54</b>		REGISTRAR'S SIGNATURE <b>By Charles Lamphier</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HURBUT GLOVER</b> ADDRESS <b>JOPLIN, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 27 1954  
MAR 29 1955

MAR 7 1955

FEB 1 1954

AUG 11 1958

RECEIVED

Jasper County Health Office

County File Number 54-283

Date Filed FEB 1 1954

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..... Dale Geo

Licensed Embalmer No... 45

P. O. Address... Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.