

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 7 1954

BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 2945 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>St. James - Rural - n. r.</u>	c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>Seneth, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0350</u>	

3. NAME OF DECEASED (Type or Print) <u>Luther</u> (First) b. (Middle) <u>Dempsey</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 25, 1895</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>9</u> Days	IF UNDER 24 HRS. Hours <u>9</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Co. Mo.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Van Marshall Dempsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Perry</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ferndale Nursing Home - St. James 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>myocardial degeneration</u>			
		DUE TO (c)			
11. 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>4222</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 5-1, 1952, to 3-25, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.V. Hamner, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. James Mo.</u>		23c. DATE SIGNED <u>III-26-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Seneth, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-30-54</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orval E. Lisklider - St. James Mo.</u>	
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County File Number _____
Date Filed 4-6-27
Health Officer,

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 me Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Oral E. Licklider

Licensed Embalmer No. 354

P. O. Address St. James

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.