

## STANDARD CERTIFICATE OF DEATH

State File No. **21736**

FILED JUL 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Owensville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Owensville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 E. Harrison</u>				d. STREET ADDRESS (If rural, give location) <u>112 E. Harrison</u>			
3. NAME OF DECEASED (Type or Print) <u>Sophie</u>				a. (First) <u>Demper</u>		c. (Last)	
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>Feb. 19, 1869</u>				9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months <u>86</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>				11b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Girard, Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Louis Meyer</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Haupt</u>			
14. NAME OF HUSBAND OR WIFE <u>Otto J. Demper (Dead)</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>**</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Ruffner Owensville 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.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Degeneration 4 mos.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis 3 yrs.</u> DUE TO (c) <u>4221.</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis, R. leg.</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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) m.				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>3-6</u> , 19 <u>55</u> , to <u>7-4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-11</u> , 19 <u>55</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Renee J. Jones, M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>			
23c. DATE SIGNED <u>7-12-55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			
24b. DATE <u>7-13-1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard H. H. White</u>			
DATE REC'D BY LOCAL REG. <u>July 14, 1955</u>				REGISTRAR'S SIGNATURE <u>Mrs. Marion Japprey</u>			
ADDRESS <u>OWENSVILLE</u>				(Licensed Embalmer's Statement on Reverse Side)			

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

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 .....  
Student Embalmer

Signed Thelma H N White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.