

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32359**  
Registrar's No. **561**

FILED OCT 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **561**

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY OR TOWN <b>POPLAR BLUFF</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>POPLAR BLUFF</b> (If rural, give location)	
c. LENGTH OF STAY (in this place)		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>2008 N. ALICE</b>		e. STREET ADDRESS <b>2008 N. ALICE ST. 0170</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>W.</b> c. (Last) <b>DEMPSEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-4-1955</b>		
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>12-11-1873</b>		9. AGE (In years last birthday) <b>81</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ARKANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>SAM DEMPSEY</b>		13b. MOTHER'S MAIDEN NAME <b>HARRIETT Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE 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)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Annie Dempsey Poplar Bluff, Mo</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertensive Heart Disease</b>		?	
		DUE TO (c) <b>443XF</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Fracture of femur -</b>		<b>1 year.</b>	
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)		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 **1952** to **4 Oct 55**, that I last saw the deceased alive on **21 Sept 1955**, and that death occurred at **81 K A m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>W. H. Henson MD</b>		23b. ADDRESS <b>321 Oak Poplar Bluff, Mo</b>		23c. DATE SIGNED <b>6 Oct 55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-6-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>POPLAR BLUFF, MO</b>	

DATE REC'D BY LOCAL REG. <b>10/25/55</b>		REGISTRAR'S SIGNATURE <b>Ph Muehle</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HEATH FUNERAL HOME - PARAGOULD, ARK.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

OCT 27 1955  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 Verlyn L. Heath

Licensed Embalmer No. 54

P. O. Address Paragon

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.