

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39403

State File No.

FILED DEC 6 1955

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6147 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Shelby</u> b. CITY OR TOWN <u>Tiger Fork</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> c. CITY OR TOWN <u>Tiger township</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS <u>1020</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Dempsey</u> c. (Last) <u>Loesden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 22 1955</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>MARCH 19 1893</u>
9. AGE (In years last birthday) <u>62</u>	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>Labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CARL Junction Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Loesden</u> 13b. MOTHER'S MAIDEN NAME <u>Louise Atwood</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Sept 21-1917</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RAY HUSTON</u> ADDRESS <u>Shelbyville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>755 28-1918</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> 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"/>		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 <u>Aug 2</u> , 19 <u>55</u> , to <u>Nov 22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>55</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Howard W. Dutton D.O.</u>		23b. ADDRESS <u>Bethel Mo.</u>	
23c. DATE SIGNED <u>Nov 25, 55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>NOV-23-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Shelby Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-31-55</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

DEC 7 1955

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..... *C. W. Mungrove*

Licensed Embalmer No. *271*

P. O. Address *Bethel 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.